

CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870
 Mailing Address: Post Office Box 10349, Tallahassee, FL 32302
 TOLL FREE No. 1-800-342-8062
 FAX (904) 222-1222

95

NAME _____
 FIRM _____
 ADDRESS _____

PHONE () _____

Service: Top Priority _____ Regular _____
 One Day Service Two Day Service

To us via _____ Return via _____

Matter No.: _____ Express Mail No. _____

State Fee \$ _____ Our \$ _____

RE: Newport Specialties, Inc.

C.C. FEE. DISBURSED

<input type="checkbox"/> Call to Approve	
<input type="checkbox"/> Art. of Inc. File	
<input type="checkbox"/> Corp. Record Book	
<input type="checkbox"/> Partnership Form	
<input type="checkbox"/> Corp. File	
<input checked="" type="checkbox"/> Cert. Copy(s)	700001414797
<input checked="" type="checkbox"/> Photo Copy	-02/24/95-01058-001
<input type="checkbox"/> Art. of Amend. File	*****70.00 *****70.00
<input type="checkbox"/> Dissolution/Withdrawal	
<input type="checkbox"/> C U S-	
<input type="checkbox"/> Fictitious Name File	
<input type="checkbox"/> Name Reservation	
<input type="checkbox"/> Annual Report/Reinstatement	
<input type="checkbox"/> Reg. Agent Service	
<input type="checkbox"/> Document Filing	
<input type="checkbox"/> Corporate Kit	
<input type="checkbox"/> Vehicle Search	
<input type="checkbox"/> Driving Record	
<input type="checkbox"/> Document Retrieval	
<input type="checkbox"/> UCC 1 or 3 File	
<input type="checkbox"/> UCC 11 Search	
<input type="checkbox"/> UCC 11 Retrieval	
<input type="checkbox"/> File No.'s, Copies	
<input type="checkbox"/> Courier Service	
<input type="checkbox"/> Shipping/Handling	
<input type="checkbox"/> Phone ()	
<input type="checkbox"/> Top Priority	
<input type="checkbox"/> Express Mail Prop.	
<input type="checkbox"/> FAX () pgs.	

05 FEB 24 AM 11:57
 FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

SUBTOTALS

FEE.....	\$
DISBURSED.....	\$
SURCHARGE.....	\$
TAX on corporate supplies.....	\$
SUBTOTAL.....	\$
PREPAID.....	\$
BALANCE DUE.....	\$
	\$

REQUEST TAKEN CONFIRMED APPROVED

DATE _____

TIME _____ CK No. _____

BY JW _____

WALK-IN Will Pick Up 2/24 11:00

Please remit invoice number with payment
 TERMS: NET 10 DAYS FROM INVOICE DATE
 1 1/2% per month on Past Due Amounts
 Past 30 Days, 18% per Annum

THANK YOU
 from
 Your Capital Connection

February 23, 1995

Department of State
Division of Corporation
P.O. Box 6327
Tallahassee, Fl 32314

RE: Newport Specialties, Inc.

Enclosed please find an original and one (1) copy of the Articles of Incorporation of Newport Specialties, Inc.


Also enclosed is payment in the amount of \$70.00 for the following fees:

Filing Fees.....\$ 35.00

Designation of Registered Agent.....35.00

TOTAL.....\$ 70.00

Very Truly Yours,



ANDREW TRUMBACH

ARTICLES OF INCORPORATION
OF
Newport Specialties, Inc.

FILED
95 FEB 24 AM 11:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned subscriber to these Articles of Incorporation, a natural person competent to contract, hereby forms a corporation under the laws of the State of Florida.

ARTICLE I: NAME

The name of the corporation shall be:

Newport Specialties, Inc.

ARTICLE II: NATURE OF BUSINESS

This corporation may engage or transact in any or all legal activities or business permitted under the laws of the United States, the State of Florida, or any other state, county, territory or nation.

ARTICLE III: CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 200 shares of common stock having no par value per share.

ARTICLE IV: ADDRESS

The street address of the registered office of the corporation shall be One Pompano Square Ste H9, Pompano Beach, Florida 33062, and the name of the initial registered agent of the corporation at that address is Cedonio Da Silva. The principal address of the corporation is One Pompano Square Ste H9, Pompano Beach, Fl 33062.

Newport Specialties, Inc.
Page -2-

ARTICLE V: SPECIAL PROVISION

It is the intent of the incorporator that the corporation will qualify under Section 1244 of the Internal Revenue Code and that the corporation will file as an S corporation.

ARTICLE VI: INCORPORATORS

This corporation shall have One (1) initial Incorporator. The name and address of the Incorporator to these Articles of Incorporation is:

Cedonio Da Silva
One Pompano Square Ste H9
Pompano Beach, Fl 33062.

ARTICLE VII: DIRECTORS

This corporation shall have no Directors, initially. The affairs of the Corporation will be managed by the shareholders until such time Directors are designated as provided by the Bylaws of the Corporation.

The undersigned has executed these Articles of Incorporation this 23rd day of February 1994.


Cedonio Da Silva

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is:

Newport Specialties, Inc.

2. The name and address of the registered agent and office is:

Cedonio Da Silva
One Pompano Square Ste H9
Pompano Beach, Fl 33062.

Signature: _____

Title: _____

INCORPORATOR

February 23, 1995 _____

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

Signature: _____

February 23, 1995 _____

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FEB 24 AM 11:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA