

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

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: Style N' File Inc

	C.C. FEE.	DISBURSED
Capital Express		
Art. of Amend. File		
Dissolution/Withdrawal		
C U S-		
Fictitious Name File		
Name Reservation		
Annual Report/Reinstatement		
Reg. Agent Service		
Document Filing		
Corporate Kit		
Vehicle Search		
Driving Record		
Document Retrieval		
UCC 1 or 3 File		
UCC 11 Search		
UCC 11 Retrieval		
File No.'s. _____ Copies		
Churlier Service		
Shipping/Handling		
Phone () _____		
Top Priority		
Express Mail Prep.		
FAX () _____ pgs.		

500001425088
-03/09/95-074825-016
****122.50 ****122.50

FILED
MAR 9 1995
TALLAHASSEE, FL

MAR 9 1995

BSB

REQUEST TAKEN CONFIRMED APPROVED

DATE _____

TIME _____ CK No. _____

BY Se _____

WALK-IN
Will Pick Up 39 11:00

11-2529 2 POWERS INC. THOMASVILLE, GA

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

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, 16% per Annum

THANK YOU
from
Your Capital Connection

FILED
95 MAR -9 AM 11:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
OF
STYLE N' FILE, INC.

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I. NAME

The name of this corporation shall be:

STYLE N' FILE, INC.

ARTICLE II. PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

10538 S.W. 49th Place
Cooper City, Florida 33328

ARTICLE III. CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is one hundred (100) shares.

ARTICLE IV. INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent
is:

Joan Tersigni
10538 S.W. 49th Place
Cooper City, Florida 33328

ARTICLE V. INCORPORATOR

The name and street address of the incorporator to
these Articles of Incorporation is:

<u>NAME</u>	<u>ADDRESS</u>
Joan Tersigni	10538 S.W. 49th Place Cooper City, Florida 33328

ARTICLE VI. INITIAL OFFICERS

The names and addresses of the officers who are to
conduct the business of this corporation until those elected
at the first election are as follows:

PRESIDENT: Joan Tersigni, 10538 S.W. 49th Place, Cooper City,
Florida 33328

VICE PRESIDENT: Rina Marie Nall, 860 S.W. 120th Way, Davie,
Florida 33325

SECRETARY: Raymond F. Tersigni, 10538 S.W. 49th Place, Cooper
City, Florida 33328

TREASURER: David A. Nall, 860 S.W. 120th Way, Davie, Florida
33325

The undersigned has executed these Articles of
Incorporation this 8 day of March, 1995.


JOAN TERSIGNI

FILED
MAR-9 AM 11:33
SECRETARY OF STATE

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: STYLE N' FILE, INC.
2. The name and address of the registered agent and office is:

JOAN TERSIGNI

10538 S.W. 49th Place

Cooper City, Florida 33328

SIGNATURE

Joan Tersigni
JOAN TERSIGNI

TITLE: Registered Agent

DATE: March 8, 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 MY STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE:

Joan Tersigni
JOAN TERSIGNI

DATE: March 8, 1995

STATE OF FLORIDA

COUNTY OF BROWARD

BEFORE ME, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared JOAN TERSIGNI, known to me and known by me to be the person who executed the foregoing Articles of Incorporation and she accepted her designation as Registered Agent.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal in the State and County aforesaid this 8th day of March, 1995.

Sharron D. Mc Carr
Notary Public, State of Florida
My commission expires:

