

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

NAME _____
 FIRM _____
 ADDRESS _____

PHONE _____

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

To us via _____ Return via _____

Mailor No.: _____ Express Mail No. _____

State Fee \$ _____ Our \$ _____

MAR 16 1995 USB

REQUEST	TAKEN	CONFIRMED	APPROVED
DATE _____	_____	_____	_____
TIME _____	_____	_____	CK No. _____
BY <u>ST</u>	_____	_____	_____

WALK-IN 3/16 12:00
 Will Pick Up

RE: Atlantic Cable Works, Inc.

C.C. FEE. DISBURSED

☒ Capital Ex. _____
☒ Art. of Amend. File _____
☒ Corp. Record _____
☒ Ltd. Partnership File _____
☒ Foreign Corp. File _____
☒ () Cert. Copy(s) _____

_____ 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 _____

_____ Courier Service _____
 _____ Shipping/Handling _____
 _____ Phone () _____
 _____ Top Priority _____
 _____ Express Mail Prep. _____
 _____ FAX () _____ pgs. _____

SUBTOTALS

FEE.....	\$ _____
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, 18% per Annum.

THANK YOU
 from
 Your Capital Connection

LAW OFFICES OF
KEANE MURPHY & HOUGH
A LAW PARTNERSHIP OF PROFESSIONAL ASSOCIATIONS

GEORGE B. HOUGH, JR., P.A.
GREGORY G. KEANE, P.A.
BOARD CERTIFIED TAX LAWYER
BOARD CERTIFIED WILL, TRUST
AND ESTATE LAWYER
FRANK P. MURPHY, P.A.
BOARD CERTIFIED WILL, TRUST
AND ESTATE LAWYER

STUART PROFESSIONAL CENTER
900 E. OCEAN BOULEVARD, SUITE 244
STUART, FLORIDA 34994
TEL. (407) 888-0000
FAX (407) 821-9028

NAPLES OFFICE
800 LAUREL OAK DRIVE, SUITE 301
NAPLES, FLORIDA 33963
(813) 696-7076

March 3, 1995

Florida Secretary of State
Division of Corporations
P.O. Box 2531
Tallahassee, FL 32304

000001425400
-03/09/95--01077--002
****122.50 ****122.50

RE: Articles of Incorporation of Atlantic Cable Works, Inc.

Dear Sir:


Enclosed please find an original and one (1) copy of the Articles of Incorporation of Atlantic Cable Works, Inc. If everything seems to be in order, please file the original and conform the enclosed copy and provide to the undersigned, along with the Certification document confirming the corporation's new number.

Also enclosed is a check payable to the Secretary of State in the amount of \$122.50 to cover the filing fee for this corporation.

If you have any questions, please do not hesitate to contact me.

Sincerely,

KEANE MURPHY & HOUGH


Gregory G. Keane

OGK:dlf
Enclosures

789, 6/11/67
W95-5525



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State

March 13, 1995

GREGORY G. KEANE, P.A.
STUART PROFESSIONAL CENTER
900 E. OCEAN BOULEVARD, SUITE 244
STUART, FL 34994

SUBJECT: ATLANTIC CABLE WORKS, INC.
Ref. Number: W95000005525

We have received your document for ATLANTIC CABLE WORKS, INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6972.

Doris Brown
Document Specialist

Letter Number: 795A00011065

FILED
ARTICLES OF INCORPORATION MAR 16 AM 10:25
OF SECRETARY OF STATE
TALLAHASSEE, FLORIDA
ATLANTIC CABLE WORKS, INC.

The undersigned, for the purpose of forming a corporation under the Florida General Corporation Act, does hereby adopt the following Articles of Incorporation:

ARTICLE ONE

The name of the Corporation is ATLANTIC CABLE WORKS, INC.

ARTICLE TWO

The duration of the Corporation is perpetual.

ARTICLE THREE

The general purposes for which the Corporation is organized are:

1. To transact any lawful business for which corporations may be incorporated under the Florida General Corporation Act.
2. To do such other things as are incidental to the foregoing or necessary or desirable in order to accomplish the foregoing.

ARTICLE FOUR

The aggregate number of shares which the Corporation is authorized to issue is One Hundred (100). Such shares shall be of a single class, and shall have a par value of One Dollar (\$1.00) per share.

ARTICLE FIVE

The street address of the principal office of the Corporation is 1204 S.W. 39th Avenue, Vero Beach, Florida 32968. The initial registered office of the Corporation is 900 E. Ocean Boulevard, Suite 244, Stuart, Florida, 34994, and the name of its initial registered agent at such address is Gregory G. Keane.

ARTICLE SIX

The number of Directors constituting the initial Board of Directors of the Corporation is two (2). The name and address of the persons who are to serve as the

members of the Initial Board of Directors are:

CAROL BENDER
1204 S.W. 39th Avenue
Vero Beach, FL 32968

JOHN JACOBS
1204 S.W. 39th Avenue
Vero Beach, FL 32968

ARTICLE SEVEN

The Corporation shall indemnify any present or former officers or directors, or persons exercising powers and duties of a director, to the full extent now or hereafter permitted by law.

ARTICLE EIGHT

The power to adopt, alter, amend or repeal the By-laws shall be vested in the Board of Directors or the Shareholders, but the Board of Directors may not alter, amend or repeal any By-laws adopted by the Shareholders if the Shareholders provide that the By-laws shall not be altered, amended or repealed by the Board of Directors.

ARTICLE NINE

These Articles of Incorporation may be amended at any time by a vote of the majority of the voting stock of the Corporation outstanding, in any regular meeting of the Shareholders or at any special meeting of the Shareholders called for that purpose.

ARTICLE TEN

The name and address of the Incorporator is:

CAROL BENDER
1204 S.W. 39th Avenue
Vero Beach, FL 32968

The foregoing Articles of Incorporation for ATLANTIC CABLE WORKS, INC., has been executed by the undersigned at Vero Beach, Florida, this 2 day of MARCH, 1995.


Carol Bender

CAROL BENDER, Incorporator

STATE OF FLORIDA

COUNTY OF Indian River

The foregoing Articles of Incorporation for ATLANTIC CABLE WORKS, INC., was acknowledged before me this 2nd day of MARCH, 1995, by CAROL BENDER, who produced FDL#B536100516030 as identification and who did not take an oath.


OFFICIAL NOTARY SEAL
Notary Public, State of Florida
Print Name: _____
My Commission Expires: _____
COMMISSION NO. CCAT7795
MY COMMISSION EXP. MAY 19, 1998

FILED

95 MAR 16 AM 10:25

ACCEPTANCE OF REGISTERED AGENT

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Having been named to accept service of process for ATLANTIC CABLE WORKS, INC. at the place designated in the Articles of Incorporation, GREGORY G. KEANE, agrees to act in this capacity, and agrees to comply with the provisions of Section 49.091 relative to keeping open such office.

Date: 3/15/95

GREGORY G. KEANE

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **P95000021340**

1. Corporation Name
ATLANTIC CABLE WORKS, INC.

Principal Place of Business
**1204 SW 30TH AVE
VERO BEACH FL 32909**

Mailing Address
**1204 SW 30TH AVE
VERO BEACH FL 32909**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable		3. New Mailing Office Address, if Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED

96 NOV 21 PM 2:13

SECRETARY OF STATE
TALLAHASSEE FLORIDA

REINSTATEMENT

9600

4. Date Incorporated or Qualifying To Do Business in Florida	02/12/1995
5. FEI Number	65-0570934
Applied For	<input type="checkbox"/>
Not Applicable	<input type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED	<input type="checkbox"/>

7. Names and Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)		4. City / State / Zip
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)
D	BENDER, CAROL	1204 SE 30TH AVE VERO BEACH FL 32909
D	JACOBS, JOHN J	1204 SW 30TH AVE VERO BEACH FL 32909

000002014570-2
-11/26/96--01107--029
*******375.00 *****375.00**

8. Name and Address of Current Registered Agent

**KEANE, GREGORY G
800 E OCEAN BLVD
SUITE 244
STUART FL 34994**

9. Name and Address of New Registered Agent

Name **JAMES STEELE**
Street Address (P.O. Box Number is Not Acceptable)
1204 S.W. 39TH AVE
Suite, Apt. #, Etc.

City **VERO BEACH** State **FL** Zip Code **32960**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Date **Nov. 18, 1996**

Signature of Registered Agent **[Signature]** REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(b), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: **[Signature]**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **Nov. 18, 96** Daytime Phone #