

P95000022927

21/95 DIVISION OF CORPORATIONS 3:49 PM
PUBLIC ACCESS SYSTEM
ELECTRONIC FILING COVER SHEET
TO: DIVISION OF CORPORATIONS FROM: ACE INDUSTRIES, INC.
DEPARTMENT OF STATE 54 NW 11TH ST
STATE OF FLORIDA
409 EAST GAINES STREET MIAMI FL 33136-289002-
TALLAHASSEE, FL 32399 CONTACT: LYNN FRIEDMAN
FAX: (904) 922-4000 PHONE: (305) 358-2571
FAX: (305) 358-7832

((H95000003250))) DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.A.
NAME: BARON CAPITAL VI, INC.
FAX AUDIT NUMBER: H95000003250 CURRENT STATUS: REQUESTED
DATE REQUESTED: 03/21/1995 TIME REQUESTED: 15:39:04
CERTIFIED COPIES: 1 CERTIFICATE OF STATUS: 0
NUMBER OF PAGES: 2 METHOD OF DELIVERY: FAX
ESTIMATED CHARGE: \$122.50 ACCOUNT NUMBER: 070744001530

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FBI

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H95-03250

**ARTICLES OF INCORPORATION
OF
BARON CAPITAL VI, INC.**

**ARTICLE I
NAME**

The name of the Corporation is **BARON CAPITAL VI, INC.**

**ARTICLE II
DURATION**

This Corporation shall commence its existence upon the filing of these Articles of Incorporation and shall continue perpetually thereafter.

**ARTICLE III
PURPOSE**

This Corporation is organized for the purpose of transacting any and all lawful business under the laws of the State of Florida.

**ARTICLE IV
PRINCIPAL OFFICE**

The principal office of the corporation is: 28050 US 19 North, Suite 301, Clearwater, Florida 34621.

**ARTICLE V
MAILING ADDRESS**

The mailing address of the corporation is: 28050 US 19 North, Suite 301, Clearwater, Florida 34621.

ARTICLE VI

CAPITAL STOCK

This Corporation is authorized to issue One Thousand (1,000) shares of One Dollar (\$1.00) per value common stock, which shall be designated "Common Shares."

FILED
55 MAR 21 PM 4:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H95-03250
ACE INDUSTRIES, INC.
84 NW 11th Street
Miami, FL 33136
212-222-2222

H95-03250

ARTICLE VII
INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial Registered Office of this Corporation is 28050 US 19 North, Suite 301, Clearwater, Florida 34615 and the name of the initial Registered Agent of this Corporation at that address is Gregory K. McGrath.

ARTICLE VIII
INCORPORATOR

The name and address of the person signing these Articles is:

Name
Gregory K. McGrath

Address
28050 US 19 North, Suite 301
Clearwater, Florida 34615

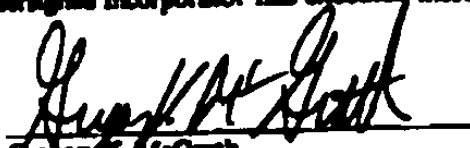
ARTICLE IX
POWERS

This corporation shall have all of the corporate powers enumerated in the Florida Business Corporations Act.

ARTICLE X
AMENDMENT

This Corporation reserves the right to amend or repeal any provision contained in these Articles of Incorporation, or any amendment to them, and any rights conferred upon the shareholders are subject to this reservation.

IN WITNESS WHEREOF, the undersigned Incorporator has executed these Articles of Incorporation this 17th day of March, 1995.



Gregory K. McGrath

H95-03250

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STATE OF FLORIDA

:
: ss:

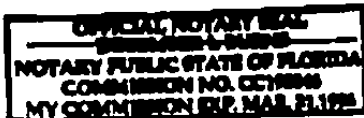
COUNTY OF DADE

I HEREBY CERTIFY that on this day personally appeared before me, an officer duly authorized to administer oaths and take acknowledgements, Gregory K. McGrath, who did not take an oath but who is personally known to me and who executed the foregoing Articles of Incorporation, and he acknowledged before me that he signed and executed the same for the purposes therein stated.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at Miami, Dade, Florida, this 17th day of March, 1995.


DECEMBER L. BURNS
NOTARY PUBLIC, State of Florida

My Commission Expires:



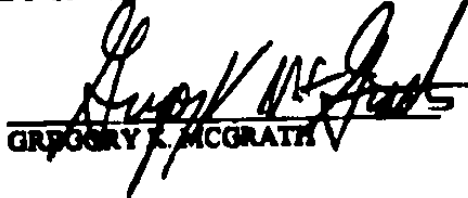
H45-03250

495-03250

**CERTIFICATE DESIGNATING REGISTERED OFFICE
FOR SERVICE OF PROCESS
WITHIN THE STATE OF FLORIDA, NAMING REGISTERED AGENT
UPON WHOM PROCESS MAY BE SERVED**

IN COMPLIANCE WITH SECTIONS 607.0501 AND 48.091, FLORIDA STATUTES,
THE FOLLOWING IS SUBMITTED:

THAT BARON CAPITAL V, INC. DESIRING TO ORGANIZE OR QUALIFY UNDER
THE LAWS OF THE STATE OF FLORIDA, HAS NAMED, GREGORY K. MCGRATH,
LOCATED AT 28030 US 19 NORTH, SUITE 301, CLEARWATER, FLORIDA 34615 ITS
REGISTERED AGENT TO ACCEPT SERVICE OF PROCESS WITHIN THE STATE OF
FLORIDA.


GREGORY K. MCGRATH

PRESIDENT
TITLE

3/17/95
DATE

FILED
CLERK OF DISTRICT COURT
JAN 21 PM 4:25
TALLAHASSEE, FLORIDA

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


GREGORY K. MCGRATH

495-03250

P95000022927
STATE OF FLORIDA
DEPARTMENT OF REVENUE
APPLICATION FOR REFUND

Section 215.26, Florida Statutes, states in part: "Applications for refunds as provided in this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such right shall be barred." Three years is generally interpreted as meaning three years from the date of payment into the State treasury. The Comptroller has delegated the authority to accept applications for refund to the unit of State government which initially collected the money.

Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section _____, Florida Statutes, I hereby apply for a refund of moneys I paid into the State treasury, which are subject to refund. The following information is submitted to substantiate the claim.

Name: Baron Capital VI, Inc. EIN or SS#: 59-3305416

Address: 7826 Casper Road
Cincinnati, OH 45242 * NEW Address

Amount: \$558.75 Date Paid _____

Reason for claim: Duplicate filing - P95000022927
SP7 9/26/97

Certified true and correct this 1st day of October, 19 97.

Signature _____

* Must be completed if authority is other than Section 215.26, Florida Statutes.

For Agency Use Only	
Agency recommends approval of above claim and submits the following information to substantiate the claim: Amount of recommended refund \$ <u>558.75</u>	
The amount requested above was originally deposited into the State Treasury, as a part of the funds deposited on State Treasurer's Receipt No. <u>92004 (042)</u> dated <u>09-18-97</u>	
Name of Account _____	
<u>45202130001453000000000010000</u>	
Statutory Authority for Collection <u>607</u>	
It is requested that payment be made from the following account:	
NAME OF ACCOUNT _____	
<u>452021300014530000000022002000</u>	
Certified true and correct this _____ day of _____, 19 _____	
Department of State, Division of Corporations (Agency)	(Authorized Signature and Title)