

P95000025358

**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 \_\_\_\_\_

Matter No.: \_\_\_\_\_ Express Mail No. \_\_\_\_\_

State Fee \$ \_\_\_\_\_ Our \$ \_\_\_\_\_

FILED  
MAR 30 AM 10:41  
CLERK OF DISTRICT COURT  
TALLAHASSEE FLORIDA

AB 3/30/95

REQUEST TAKEN CONFIRMED APPROVED  
DATE \_\_\_\_\_  
TIME \_\_\_\_\_ CK No. \_\_\_\_\_  
BY AAK

WALK-IN  
Will Pick Up 330/1200

RE: Tibs, Inc.

	C.C. FEE.	DISBURSED
<input type="checkbox"/> Capital Express™		
<input checked="" type="checkbox"/> Art. of Inc. File		
<input type="checkbox"/> Corp. Record Search		
<input type="checkbox"/> Ltd. Partnership File		
<input type="checkbox"/> Foreign Corp. File		
<input checked="" type="checkbox"/> <del>1</del> Copy(s)		
<input type="checkbox"/> Art. of Amend. File		
<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 Prep.		
<input type="checkbox"/> 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

**ARTICLES OF INCORPORATION**  
**OF**  
**TIBS, INC.**

**FILED**  
95 MAR 30 AM 10:41  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**Article I - Name**

The name of this corporation is: TIBS, INC.

**Article II - Duration**

This corporation shall exist perpetually.

**Article III - Purpose:**

The Corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

**Article IV - Capital Stock**

The corporation is authorized to issue TEN THOUSAND (10,000) shares of common stock with \$.01 par value.

**Article V - Principle Office and Registered Agent**

The Principle address of the corporation and the registered office of this corporation is 311 Indian Town Road, Jupiter, Florida 33477 and the name of the initial registered agent of this corporation at that address is Albert Shackleton

**Article VI - Initial Board of Directors**

This corporation shall have one (1) director initially. The number of directors may be either increased or diminished from time to time by the By-Laws but shall never be less than one (1). The name and address of the initial director of this corporation:

Albert Shackleton  
311 Indian Town Road, Suite #4  
Jupiter, Florida 33477

**Article VII - Amendment**

This corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation, or any amendment hereto, and any right conferred upon the shareholders is subject to this reservation.

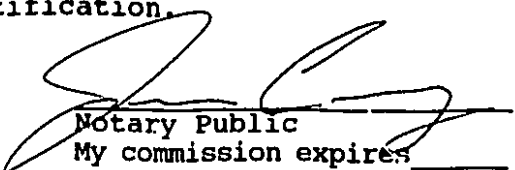
IN WITNESS WHEREOF, the undersigned subscribers have executed these Articles of Incorporation, this 29 day of March, 1995

  
ALBERT SHACKLETON

SWORN TO AND SUBSCRIBED BEFORE ME this 29 day of March, 1995 by Albert Shackleton, who is personally known to me and/or produced a driver's license as identification.



JAMES CONWAY  
My Commission CC395285  
Expires Jul. 28, 1996  
Bonded by HAI  
800-422-1888

  
Notary Public  
My commission expires \_\_\_\_\_

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

In pursuance of Chapter 48.091, Florida Statute, the following is submitted, compliance with said Act: That **TIBS, INC.** desiring to organize under the laws of the State of Florida, with its principal office, as indicated in the Articles of Incorporation at the Town of Jupiter, County of Palm Beach, State of Florida, has named Albert Shackleton, located at 311 Indian Town Road, Suite #4, Jupiter, Florida 33477, as its agent to accept service of process within this state.

**ACKNOWLEDGEMENT:**

Having been named to accept service of process for the above stated corporation, at the place designated in this certificate I hereby accept to act in this capacity and agree to comply with the provision of said Act relative to keeping open said office.

  
ALBERT SHACKLETON

SWORN TO AND SUBSCRIBED BEFORE ME this 29 day of March, 1995 by Albert Shackleton, who is personally known to me and/or produced a driver's license as identification.



JAMES CONWAY  
My Commission CC395265  
Expires Jul. 25, 1998  
Bonded by HAI  
800-422-1555

  
Notary Public  
My commission expires