

# 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  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAY -3 AM 11:10

REQUEST TAKEN CONFIRMED APPROVED

DATE \_\_\_\_\_

TIME \_\_\_\_\_ CK No. \_\_\_\_\_

BY \_\_\_\_\_

WALK-IN Will Pick Up 53

RE: Netserf, Inc

|   | C.C. FEE.             | DISBURSED |
|---|-----------------------|-----------|
| <input checked="" 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"/> ( ) Cert. Copy(s) |                       |           |
| <input type="checkbox"/> Art. of Amend. File          |                       |           |
| <input type="checkbox"/> Dissolution/Withdrawal       |                       |           |
| <input type="checkbox"/> C U S-                       | 3000001473883         |           |
| <input type="checkbox"/> Fictitious Name File         | -05/03/95--01098--015 |           |
|   | ****245.00 ****122.50 |           |
| <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 Conne

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**ARTICLES OF INCORPORATION**

**OF**

**NETSRFR, 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 the corporation shall be:

**Netsrfr, Inc.**

**ARTICLE II PRINCIPAL OFFICE**

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

743 Highway 98 East  
Suite 5  
Destin, Florida 32541

**ARTICLE III CAPITAL STOCK**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1,000

**ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS**

The name and address of the initial registered agent is:

David A. Owen  
743 Hwy 98, East  
Suite #5  
Destin, FL 32541

**ARTICLE V INCORPORATOR**

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

David A. Owen  
743 Hwy 98, East  
Suite #5  
Destin, FL 32541

The undersigned has(have) executed these Articles of Incorporation this 2nd day of May, 1995.

  
\_\_\_\_\_  
Incorporator

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

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

David A. Owen  
743 Hwy 98, East, Suite 5  
Destin, FL 32541

SIGNATURE   
(Corporate Officer)

TITLE Incorporator

DATE 5/2/95

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 I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE 

DATE 5/2/95