# 10 4,2726 RE: Sojo Tampi, Inc.

417 E. Yirginia 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

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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



#### FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

May 26, 1995

CAPITAL CONNECTION P.O. BOX 10349 TALLAHASSEE, FL 32302

SUBJECT: SOJO TAMPA, INC. Ref. Number: W95000011078

We have received your document for SOJO TAMPA, INC. and your check(s) totaling \$172.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must include original signatures.

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation"); and the registered agent's signature.

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) 487-6928.

Agnes Bundick Corporate Specialist

Letter Number: 695A00026839

DIVISION OF CURF GRATION

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Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

#### ARTICLES OF INCORPORATION

SECRETARY OF STATE DIVISION OF CORPORATIONS

95 JUN -1 PH 4: 07

QF

SOJO TAMPA, INC

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

#### ARTICLE | NAME

The name of the corporation shall be:

SOJO TAMPA I INC

## ARTICLE II PRINCIPAL OFFICE

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

TheresA SABEL
13514 AvistA DR.
+AMPA, FLORICA. 33624

## ARTICLE III CAPITAL STOCK

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

1000 (ONE Thousand)

# ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

theresA SABEL 13514 AUISTA DR-TAMPA, FLORIDA, 33624

#### ARTICLE V INCORPORATOR(8)

The name(s) and street address(es) of the incorporator(s) to these Articles of incorporation is(are):

therosA SABEL 13514 AUISTA DA. TAMPA, FLURIDA

The undersigned has(have) executed these Articles of incorporation this

MAY 30 day of MAY . 19 19.9

Signature/Title

Signature/Title

# CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

95 JUN-1 PH 4:07

Pursuant to the provisions of section 807.050 r., Fiorida Statutes, the undersigned corporation, organized under the laws of the State of Fiorida, submits the following statement in designating the registered office/registered agent, in the state of Fiorida.

1.	The name of the corporation is: SOJO +AINPA, INC.
2.	The name and address of the registered agent and office is:  The Resa SABEL  (NAME)
	(NAME) 13514 AUISTA DR. (P.O. BOX NOT ACCEPTABLE)
	+AMPA, FLORIDA, 33624
	(CITY/STATE/ZIP)
	SIGNATURE Sold Sabel  TITLE Sold Sold Sold Sold Sold Sold Sold Sold
TH AN PR FO	VING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF OCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN IS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT D AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE OVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERRMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.
	SIGNATURE Theese Subel
	DATE 5-30-95