

CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904) 224-8070
 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 JUN 16 PM 3:22

1095-12304

6/16/95

REQUEST TAKEN CONFIRMED APPROVED
 DATE _____
 TIME _____ CK No. _____
 BY Rutan

WALK-IN Will Pick Up lelle DDM

RE: Stephen Charles, Inc.
INCORPORATED

DIVISION	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-		
<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



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

RECEIVED
95 JUN 16 PM 2:36
DIVISION OF CORPORATIONS

June 16, 1995

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

SUBJECT: STEPHEN CHARLES, INC.
Ref. Number: W95000012304

We have received your document for STEPHEN CHARLES, 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) 487-6928.

Agnes Bundick
Corporate Specialist

Letter Number: 295A00029711

Corrected

ARTICLES OF INCORPORATION

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 16 PM 3:22

FIRST: The name of this corporation is:

STEPHEN CHARLES, INC.

SECOND: This corporation is organized for the purpose of transacting any and all lawful business for which corporations may be formed under Chapter 607 of the Florida Statutes.

THIRD: This corporation is authorized to issue 1,000 shares of common stock, par value \$1.00 per share.

FOURTH: The name and address of the initial registered agent of this corporation is: Capital Connection, Inc. whose mailing address is 417 E. Virginia Street, Suite 1, Tallahassee, Florida 32301.

FIFTH: The name and address of the initial director is: Stephen Charles whose address is #3 Ahtri Street, Tallium, Independent Republic of Estonia. The number of directors may be increased or decreased from time to time as provided in the By-laws but shall never be less than one.

SIXTH: The name and address of the incorporator of this corporation is: John M. Spottswood, Jr. whose address is 500 Fleming Street, Key West, Florida 33040.

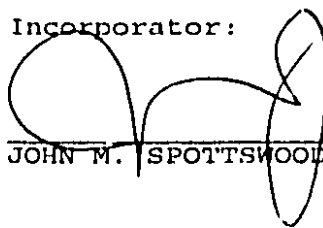
SEVENTH: This corporation shall indemnify its officer, directors, employees and agents to the full extent permitted by law.

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

NINTH: The principal address of the corporation is 1800 Atlantic Boulevard, Unit 241-C, Key West, Florida 33040.

IN WITNESS WHEREOF, the undersigned subscriber has executed these Articles of Incorporation this 15th day of June, 1995.

Incorporator:



JOHN M. SPOTTSWOOD, JR.

STATE OF FLORIDA

COUNTY OF MONROE

The foregoing instrument was acknowledged before me this 15th day of June, 1995, by John M. Spottswood, Jr. who is personally known to me.


MELINDA ROBERTS
NOTARY PUBLIC

My Commission Expires:

OFFICIAL NOTARY SEAL
MELINDA ROBERTS
NOTARY PUBLIC STATE OF FLORIDA
COMMISSION NO. LC230763
MY COMMISSION EXP. SEPT 26, 1996

ACCEPTANCE OF APPOINTMENT OF REGISTERED AGENT

The undersigned hereby accepts the appointment as registered agent contained in the foregoing Articles of Incorporation.

CAPITAL CONNECTION, INC.

BY: Barbara Neely
pres.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 16 PM 3:22

CAPITAL CONNECTION, INC.

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NAME _____
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 ADDRESS _____

PHONE () _____

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To us via _____ Return via _____

Matter No.: _____ Express Mail No. _____

State Fee \$ _____ Our \$ _____

*RA Resign
 3/20/97
 [Signature]*

RE: Stephen Charles, Jr.

P9500047124

C.C. FEE DISBURSED

☐ Capital Exp. _____
☐ Art. of Inc. File _____
☐ Corp. Record Search _____
☐ No. 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 ~~State~~ Resignation _____
☐ Document Filing _____
☐ Corporate Kit _____
☐ Vehicle Search _____
☐ Driving Record _____
☐ Document Retrieval _____

UCC 1 or 3 File **000002124920--6**
 UCC 11 Search **-03/26/97-01100-001**
 UCC 11 Retrieval *******595.00 *****35.00**
☐ 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..... \$
 \$

REQUEST TAKEN CONFIRMED APPROVED
 DATE 3/20
 TIME 12:00 CK No. _____
 BY AAP

WALK-IN _____
 Will Pick Up _____

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

RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, Capital Connection, Inc.

(Name of registered agent)

hereby resigns as Registered Agent for Stephen Charles, Inc.

(Name of corporation)

A copy of this resignation was mailed to the above listed corporation at its last known address.
The agency is terminated and the office discontinued on the 31st day after the date on which
this statement is filed.



(Signature of resigning agent)

If signing on behalf of an entity:

Weimar Lopez

(Typed or Printed Name)

Registered Agent Coordinator

(Capacity)

FILED
97 MAR 20 PM 2:24
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

Fee for filing this document:

\$87.50 - Active corporation

\$35.00 - Administratively dissolved corporation