# P9500048300

### TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

800001517128 -06/20/95--01035--020 \*\*\*\*\*70.00 \*\*\*\*\*70.00

SUBJECT: Poseidon Capital Inc.
(Proposed corporate name - must include sulfix)

Enclosed is an original for :  \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy Additional Cop	\$131.25 Filing Fee, Certified Copy & Certificate		
FROM:	Poseidon Capital, Inc.  Name (printed or typed)  220 Congress Park Dr. Stc. 200				986/2/
	(800)78	Address  Beach, For State & Zip  30-7793  Telephone number	<u> 3344</u> 5	95 JUN 19 ANTI: 2	SIVI

NOTE: Please provide the original and one copy of the articles.

#### ARTICLES OF INCORPORATION

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 I NAME

The name of the corporation shall be:

Poseidon Capital, Inc.

ARTICLE II PRINCIPAL OFFICE

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

220 Congress Park Dr. Suite 200 Delray Beach, FL 33445

ARTICLE III SHARES

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

1000 Shaves

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and address of the initial registered agent is:

Peter A. Gouzos 220 Congress Park Dr. Suite 200 Delray Beach, Fc 33445.

#### ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

Peter A. Gouzos 220 Congress Park Drive Suite 200 Delray Beach, FL 33445

SECRETARY OF STATE OF ATTOMORY OF CONTROL OF CONTROL OF ATTOMORY O

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this
1545 cay of June , 19 95
at Hunge
Signature
Signature
Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

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:	Poseidon Capital, In	<u>C.</u>
2.	The name and address of the regi	stered agent and office is:	DIVIS
	Peter 220 C	Oraress Park Tr. Stule 2005	CRETARY OF JOH OF CORP
	Delvay	DOMPSS POY K DY. SUITE 2005  DOX OF MAIL Drop BOX NOT ACCEPTABLE)  DOCUMENT TO BOX NOT ACCEPTABLE)	STATE ORATIONS

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) (DATE)