

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 \$ _____

RE: A Communications

Art. of Inc. File ^{95 JUL 17}

DIVISION OF CORPORATION
C.C. FEE. AM 10-039
DISBURSED

☒ Capital Express**
☐ Art. of Inc. File _____
☐ Corp. Record Search _____
☐ Ltd. Partnership File _____
☒ Foreign Corp. File _____
☐ () Cert. Copy(s) _____

☐ Art. of Amend. File _____
☐ Dissolution/Withdrawal _____
☐ C U S- _____
☐ Fictitious Name File _____

☐ Name Reservation **800001538748**
☐ Annual Report/Reinstatement **-07/17/95-01021-012-**
☐ Reg. Agent Service ******122.50 ****122.50**
☐ Document Filing _____

☐ Corporate Kit _____
☐ Vehicle Search _____
☐ Driving Record _____
☐ Document Retrieval _____

☐ UCC 1 or 3 File _____
☐ UCC 11 Search _____
☐ UCC 11 Retrieval _____
☐ 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.....	\$ _____
	\$ _____

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

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

WALK-IN
Will Pick Up 7-17 1200

ARTICLES OF INCORPORATION

The undersigned, acting as incorporator of a corporation under the Florida General Corporation Act, adopts the following Articles of Incorporation for such corporation:

ARTICLE I

The name of the corporation is A COMMUNICATIONS OUTLET, CORP.

ARTICLE II

The period of its duration is perpetual.

ARTICLE III

The purpose is to engage in any activities or business permitted under the laws of the United States and Florida.

ARTICLE IV

The corporation shall have authority to issue 5,000 shares, all of one class, \$1.00 par value.

ARTICLE V

The address of its initial registered office is 2734 Polk Street, Suite G, Hollywood, Florida 33020, and the name of

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95 JUL 17 PM 12:01
SECRETARY OF STATE
TALLAHASSEE FLORIDA

its initial registered agent at said address is John M. Bernazzoli.

ARTICLE VI

The principal office and mailing address of the corporation will be: 2734 Polk Street, Suite G, Hollywood, Florida 33020.

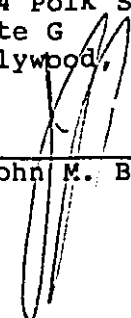
ARTICLE VII

The number of directors constituting its initial board of directors is one (1) whose name and address is: John M. Bernazzoli, 2734 Polk Street, Suite G, Hollywood, Florida 33020.

ARTICLE VIII

The name and address of the incorporator is:

John M. Bernazzoli, 2734 Polk Street
Suite G
Hollywood, Florida 33020



John M. Bernazzoli

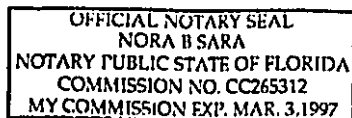
STATE OF FLORIDA)
 SS:
COUNTY OF BROWARD)

BEFORE ME, a Notary Public, personally appeared John M. Bernazzoli, who is personally known to me or who has produced

_____ as identification and who did (did not) take an oath, and who as Incorporator executed the foregoing Articles of Incorporation, and acknowledged before me that he subscribed to these Articles of Incorporation for the uses and purposes therein mentioned and set forth.

IN WITNESS WHEREOF, I have hereunto set my hand and my official seal in the State and County aforesaid, this 14th day of July, 1995.

My Commission Expires:



Nora B. Sara
Notary Public;

Nora B. Sara
Print Name

ACCEPTANCE OF REGISTERED AGENT

THE UNDERSIGNED hereby accepts his designation as
registered agent for A COMMUNICATIONS OUTLET, CORP.

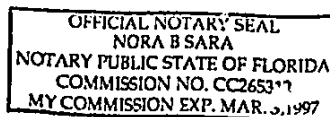
John M. Bernazzoli

STATE OF FLORIDA)
 SS:
COUNTY OF BROWARD)

BEFORE ME, a Notary Public, personally appeared John M.
Bernazzoli, who is personally known to me or who has produced
_____ as identification and who did (did not)
take an oath, and who as Registered Agent executed the foregoing
Acceptance of Registered Agent.

IN WITNESS WHEREOF, I have hereunto set my hand and my
official seal in the State and County aforesaid, this 14th day
of July, 1995.

My Commission Expires:



Nora B. Sara
Notary Public

NORA B. Sara
Print Name

FILED
95 JUL 17 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA