

**CAPITAL CONNECTION, INC.**  
 417 E. Virginia St., Suite 1, Tallahassee, FL 32302  
 Mailing Address: Post Office Box 1034, Tallahassee, FL 32302  
 TOLL FREE No. 1-800-342-8062  
 FAX (904) 222-1222

**P95000056669**

**models, Inc.**

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 \$ \_\_\_\_\_

95 JUL 21 11:53  
 DIVISION

*SDC*

|  | 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 checked="" type="checkbox"/> Foreign Corp. File |                       |           |
| <input type="checkbox"/> ( ) Cert. Copy(s)             |                       |           |
| <input type="checkbox"/> Art. of Amend. File           |                       |           |
| <input type="checkbox"/> Dissolution/Withdrawal        |                       |           |
| <input type="checkbox"/> C U S -                       | 100001543151          |           |
| <input type="checkbox"/> Fictitious Name File          | -07/21795--01046--003 |           |
|  | ****122.50 ****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 Prop.            |                       |           |
| <input type="checkbox"/> FAX ( ) _____ pgs.            |                       |           |

95 JUL 21 PM 1:36  
 SECRETARY ASSISTANT  
 TALLAHASSEE FL 32302

**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 *Shz* \_\_\_\_\_

WALK-IN Will Pick Up *7/21 2:00*

**ARTICLES OF INCORPORATION**  
**OF**  
**JO'S INTERNATIONAL MODELS, 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 is **JO'S INTERNATIONAL MODELS, INC.**

**ARTICLE II: PRINCIPAL OFFICE**

The principal place of business and mailing address of the corporation is 17716 Lee Avenue, Unit 1, Redington Shores, FL 33708.

**ARTICLE III: CAPITAL STOCK**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is one thousand (1,000) shares having a par value of one cent (\$.01) per share.

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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

#### ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is Albinson & Persante, P.A., 4625 East Bay Dr., Suite 223, Clearwater, FL 34624.

#### ARTICLE V: INCORPORATOR

The name and address of the incorporator of these Articles of Incorporation is Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL 32301.

#### ARTICLE VI: INITIAL BOARD OF DIRECTORS

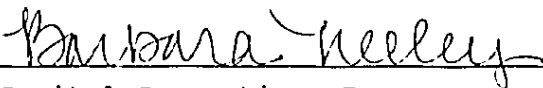
The name and address of each member of the initial Board of Directors of the corporation is:

Joleen Sandquest

Brian Roskamp

17716 Lee Ave., Unit 1, Redington Shores, FL 33708

The undersigned has executed these Articles of Incorporation this 21st day of July, 1995.



Capital Connection, Inc.

Barbara Neeley - President

Incorporator

CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the mentioned 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: \_\_\_\_\_

JO'S INTERNATIONAL MODELS, INC.

2. The name and street address of the registered agent and office is: \_\_\_\_\_

JEFF ALBINSON

ALBINSON & PERSANTE, P.A.

4625 East Bay Drive  
Suite 223

Clearwater, FL 34624

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.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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