

# P95000060640

## 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 \$ \_\_\_\_\_

*Spoke with Allison  
 Hk to type name  
 on RA page  
 CJ*

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

WALK-IN Will Pick Up 8-7 230

RE: Mon-T-Span-In

	SS	15	C.C. FEE.	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				
Annual Report/Reinstatement				
Reg. Agent Service				
Document Filing				
Corporate Kill				
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

**ARTICLES OF INCORPORATION**

**OF**

**MANA - T - SPORTS, INC.**

FILED  
95 AUG - 7 11 12 53  
SEC. 10  
FALL

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 **MANA-T-SPORTS, INC.**

**ARTICLE II: PRINCIPAL OFFICE**

The principal place of business and mailing address of the corporation is P.O. Box 271, Crystal River, Fl. 34423.

**ARTICLE III: CAPITAL STOCK**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is five hundred (500) shares having a par value of one dollar (\$1.00) per share.

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

The name and address of the initial registered agent is Frederick Leone, Jr., 7765 W. Gulf to Lake Highway, Suite 5, Crystal River, Fl. 34429.

#### 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.

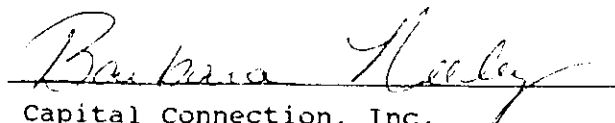
#### ARTICLE VI: INITIAL BOARD OF DIRECTORS

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

Wayne Brown  
P.O. Box 147  
Crystal River, Fl 34423

Ted E. Motlow  
P.O. Box 271  
Crystal River, Fl 34423

The undersigned has executed these Articles of Incorporation this 7th day of August 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 its registered agent/registered office in the State of Florida.

1. The name of the corporation is MANA-T-SPORTS, INC.
2. The name and address of the registered agent and office is Frederick Leone, Jr., 7765 W. Gulf to Lake Highway, Suite 5, Crystal River, Florida 34429.

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 RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT.

SIGNATURE: Frederick Leone, Jr.

DATE: 2-7-95

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RECEIVED

FILED