

**P96000000102**

**CAPITAL CONNECTION, INC.**

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904) 222-3700  
 Mailing Address: Post Office Box 10349, Tallahassee, FL 32302  
 TOLL FREE No. 1-800-342-8062  
 FAX (904) 222-1222

No. 52276

RE: Jane Upager Cherry  
P.A.

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 DEC 29 AM 10:53

095-25783

AL JAN 2 1995

REQUEST	TAKEN	CONFIRMED	APPROVED
DATE	_____	_____	_____
TIME	<u>nc</u>	_____	CK No. _____
BY	_____	_____	_____

WALK-IN Will Pick Up 12/29 @ 2:00

	C.C. FEE.	DISBURSED
<input checked="" type="checkbox"/> Capital Express™	_____	_____
Art. of Inc. File	_____	_____
Corp. Record Search	_____	_____
Ltd. Partnership File	_____	_____
Foreign Corp. File	_____	_____
<input checked="" type="checkbox"/> ( ) Cont. Copy(e) <u>photo</u>	_____	_____
Art. of Amend. File	_____	_____
Dissolution/Withdrawal	_____	_____
C U S-	_____	_____
Fictitious Name File	_____	_____
Name Reservation	_____	_____
Annual Report/Reinstatement	_____	_____
Reg. Agent Service	_____	_____
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.	_____	_____
<b>SUBTOTALS</b>	_____	_____

300001574209  
 -12/29/95-01051-027  
 \*\*\*\*\*70.00 \*\*\*\*\*70.00

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

December 29, 1995

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

SUBJECT: JANE YEAGER CHEFFY, P.A.  
Ref. Number: W95000025183

RECEIVED  
96 JAN - 2 4 09:00  
DIVISION OF CORPORATIONS

We have received your document for JANE YEAGER CHEFFY, P.A. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific nature of business of the professional association must be stated in the document.

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 Lunt  
Corporate Specialist

Letter Number: 095A00055774

ANN.  
Bobbie  
Corrected

P/S. keep  
12/29 Filing  
Date.  
TX.

NC

**ARTICLES OF INCORPORATION**  
**OF**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 DEC 29 AM 10:53

**JANE YEAGER CHEFFY, P.A.**

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 **JANE YEAGER CHEFFY, P.A.**  
The specific purpose of this corporation is to practice law.

**ARTICLE II: PRINCIPAL OFFICE**

The principal place of business and mailing address of the corporation is 2375 Tamiami Trail North, Suite #207, Naples, FL 33940-4439.

**ARTICLE III: CAPITAL STOCK**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is seven thousand five hundred (7,500) shares having a par value of (\$1.00) per share.

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

The name and address of the initial registered agent is Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL 32301.

#### **ARTICLE V: INCORPORATOR**

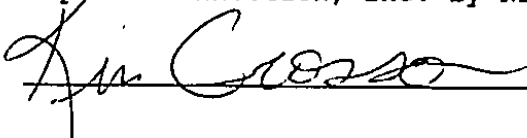
The name and address of the incorporator of these Articles of Incorporation is Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL 32301.

#### **ARTICLE VI: INITIAL BOARD OF DIRECTORS**

The name and address of the initial Board of Directors of the corporation is JANE YEAGER CHEFFY, Esq., 2375 Tamiami Trail North, Suite #207, Naples, FL 33940-4439.

The undersigned has executed these Articles of Incorporation this 29th day of December 1995.

"Capital Connection, Inc. by Kim Crosson, Client Representative"

  
\_\_\_\_\_

**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 DEC 29 AM 10:53

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: JANE YEAGER CHEFFY, P.A.

---

2. The name and street address of the registered agent and office is: Capital Connection, Inc.

417 E. Virginia St.  
Ste #1

Tallahassee, Fl 32301

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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.

Beverly Neel

**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 \$ \_\_\_\_\_

\_\_\_\_\_ of \_\_\_\_\_  
 RE: JANE YEAGER CHEIFFY, P.A.

**P9600000102**

O.C. FEE DISBURSED  
 Capital Express 20000218898  
 Air Mail File -04/10/97 01936-014  
 C U S- \*\*\*\*\*788.00 \*\*\*\*\*25.00  
 ( ) Cert. Copy

97 APR 10 PM 2:01  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

97 APR 10 AM 10:09  
 DEPARTMENT OF STATE  
 DIVISION OF CORPORATE AFFAIRS  
 TALLAHASSEE, FLORIDA

RECEIVED

Art. of Amend. File \_\_\_\_\_  
 Dissolution/Withdrawal \_\_\_\_\_  
 C U S- \_\_\_\_\_  
 Fictitious Name File \_\_\_\_\_  
 Name Reservation \_\_\_\_\_  
 Annual Report/Reinstatement \_\_\_\_\_  
 Reg. Agent ~~Change~~ Resignation \_\_\_\_\_  
 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 \_\_\_\_\_

REQUEST	TAKEN	CONFIRMED	APPROVED
DATE	4/10/97		
TIME			CK No. _____
BY			

WALK-IN Will Pick Up \_\_\_\_\_

Please remit invoice number with payment  
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 Past 30 Days, 18% per Annum.

THANK YOU from Your Capital Connection

*Handwritten signature and "RESIGN" stamp*

RESIGNATION OF REGISTERED AGENT

97 APR 10 PM 2:01  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA  
FILED

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1609,

Florida Statutes, the undersigned, Capital Connection, Inc.  
(Name of registered agent)

hereby resigns as Registered Agent for Jane Yeager Cheffy, P.A.  
(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:

Welmer Lopez  
(Typed or Printed Name)

Registered Agent Coordinator  
(Capacity)

**Fee for filing this document:**  
\$87.50 - Active corporation  
\$35.00 - Administratively dissolved corporation

**CAPITAL CONNECTION, INC.**  
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NAME \_\_\_\_\_  
 FIRM \_\_\_\_\_  
 ADDRESS \_\_\_\_\_

**P96000000102**

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: JANE YEAGER CHEIFFY, P.A.

C.C. FEE DISBURSED  
 Capital Express 500002138898  
 Art. of Amend. File -04/10/97 01036-014  
 C. Record \*\*\*\*\*80-00 \*\*\*\*\*25.00  
 P. Partnership File  
 ( ) Cert. Co.  
 Art. of Amend. File  
 Dissolution/Withdrawal  
 C U S -  
 Fictitious Name File  
 Name Reservation  
 Annual Report/Reinstatement  
 Reg. Agent ~~State~~ Resignation  
 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

97 APR 10 PM 2:01  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

97 APR 10 AM 10:09  
 DEPT. OF REVENUE  
 TALLAHASSEE FLORIDA

RECEIVED

REQUEST	TAKEN	CONFIRMED	APPROVED
DATE	4/10/97		
TIME			CK No. _____
BY	<i>[Signature]</i>		

WALK-IN  
 Will Pick Up \_\_\_\_\_

FEE.....	\$
DISBURSED.....	\$
SURCHARGE.....	\$ 4.00
TAX on corporate supplies.....	\$
SUBTOTAL.....	\$
PREPAID.....	\$
BALANCE DUE.....	\$

*[Signature]*  
*RESIGN*

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 Past 30 Days, 18% per Annum.

THANK YOU  
 from  
 Your Capital Connection



RESIGNATION OF REGISTERED AGENT

FILED  
97 APR 10 PM 2:01  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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 Jane Yeager Choffy, P.A.  
(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)

**Fee for filing this document:**  
\$87.50 - Active corporation  
\$35.00 - Administratively dissolved corporation