

P96000000 2422

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 \$ _____

Dmc
1/9/96

496-498

| REQUEST | TAKEN | CONFIRMED | APPROVED |
|---------|-----------|-----------|--------------|
| DATE | _____ | _____ | _____ |
| TIME | <i>mc</i> | _____ | CK No. _____ |
| BY | <i>mc</i> | _____ | _____ |

WALK-IN Will Pick Up *1/8 12:00*

RE: Eugene Grover
Rivers, P.A.

C.O. 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 (w/ <i>photo</i>) | _____ | _____ |
| <input type="checkbox"/> Art. of Amend. File | _____ | _____ |
| <input type="checkbox"/> Dissolution/Withdrawal | _____ | _____ |
| <input type="checkbox"/> C U S. | _____ | _____ |
| <input type="checkbox"/> Fictitious Name File | _____ | _____ |
| <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 Prep. | _____ | _____ |
| <input type="checkbox"/> 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



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

RECEIVED
96 JAN -9 AM 8 18
DIVISION OF CORPORATION

January 8, 1996

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

SUBJECT: EUGENE GROVER RIVERS, P.A.
Ref. Number: W96000000498

We have received your document for EUGENE GROVER RIVERS, 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: 396A00000808

CORRECTED

ARTICLES OF INCORPORATION

RE

Eugene Grover Rivers, P.A.

FILED
96 JAN -9 AM 11:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Eugene Grover Rivers, P.A.

ARTICLE II PRINCIPAL OFFICE

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

6730 Layton Ct
Tallahassee, FL 32311

ARTICLE III CAPITAL STOCK

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

1000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Rebekah Rivers
6730 Layton Ct
Tallahassee, FL
32311



ARTICLE V INCORPORATOR(S)

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

Eugene G. Rivers, III
Rebekah Rivers
6730 Layton Ct
Tallahassee, FL 32311

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

18th day of December, 1995.


Signature

Signature

Signature

ARTICLE VI PURPOSE

The specific purpose of this professional association is to buy and sell real estate.

Articles of Incorporation
Filing Fee - \$35

FILED
96 JAN -9 AM 11:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Pursuant to the provisions of sections 607.0501 or 617.0501, 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: Egypt G. Rivers, P.A.

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

Rebekah Bires
(NAME)
6730 Layton CT
(P.O. BOX NOT ACCEPTABLE)
Tallahassee FL 32311
(CITY/STATE/ZIP)

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 [Signature]

DATE 12/19/95

REGISTERED AGENT FILING FEE: \$35.00