417 E. Virginia St., Suite 1, Tallahaasee, FL 32301, (904)224-8870 Malling Address: Post Office Box 10349, Tallahassee, FL 32302 TOLL FREE No. 1-800-342-8062 FAX (904) 222-1222

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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

January 23, 1996

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

SUBJECT: ON TAP INC. Ref. Number: W96000001697

We have received your document for ON TAP INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list at least one incorporator with a complete business street address.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

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 96 Jul 26 Fil 12: 38

DIVISIÓN OF CORPORATION

CONTRACTOR DE CORPORATION

CONTRACTOR DE COMPONATION

C (904) 487-6915.

Pamela Hall **Document Specialist** 

## TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Taliahassee, FL 32314 SUBJECT: (Proposed corporate name - must include suffix) Enclosed is an original and one (1) copy of the articles of incorporation and a check for: **122.50** \$70.00 **\$78.75** Filing Fee & Certified Copy Filing Fee Filing Fee Certified Copy & Certificate & Certificate Additional Copy Required FRANCIS J. CHAMBERS JR FROM: Name (printed or typed) 2130 LOCUST ST. Address 19103 City, State & Zip 800 - 964-3339

NOTE: Please provide the original and one copy of the articles.

Daytime Telephone number

FILED

# ARTICLES OF INCORPORATION 96 JAN 26 PH 21 13

SECRE TARY 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.

#### ARTICLEI NAME

The name of the corporation shall be:

ON TAP INC.

### ARTICLE II PRINCIPAL OFFICE

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

THE DRAFT HOUSE 1418 DEAN STREET FORT MYELS, FL 33901

#### **ARTICLE III** SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 2000

INITIAL REGISTERED AGENT AND STREET ADDRESS The name and address of the initial registered agent is:

> FRANCIS J. CHAMBERS TR. 2180 LOCUST ST A-4 ATICA, A 19103 1418 DEAN STREET FORT MYERS, FL 33901

ARTICLE V INCORPORATOR(8)

See instructions for officers/directors

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

PHILA. PA 19103

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

day of Thousand 19 96.

Signature

Signature

NOTE: Affixing an efficer title after a signature of an interperator does not constitute the designation of efficers.

FILED

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE 96 JAN 26 PM 2: 13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
DA STATUTES THE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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: ON TAP, TNC.
2.	The name and address of the registered agent and office is:
	FRANCIS J. CHAMBERS JR.  C/O THE DRAFT HOUSE  1418 DEAN STREET  (P.O. Box of Mail Drop Box NOT ACCEPTABLE)
	FORT MYERS FL 33901

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.

(OVIE)

(SIGNATURE)