

P 96000008954

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 \$ _____

FILE: AMERICAN VITALE
CORP. OF NORTH FLA.

SECRETARY OF STATE DISBURSED
TALLAHASSEE, FLORIDA

☒ Capital ExpressSM
☒ Art. of Inc. File _____
☐ Corp. Record Search _____
☐ Ltd. Partnership File _____
☒ Foreign Corp. File _____
☐ () Cert. Copy(s) photo _____
☐ Art. of Amend. File _____
☐ Dissolution/Withdrawal _____
☐ C U S. _____
☐ Fictitious Name File _____
☐ Name Reservation _____
☐ Annual Report/Reinstatement _____
☐ Reg. Agent Service 000001700640
☐ Document Filing -01/29/95--01077--017
*****70.00 *****70.00
☐ Corporate Kit _____
☐ Vehicle Search _____
☐ Driving Record _____
☐ Document Retrieval _____
☐ UCC 1 or 3 File _____
☐ UCC 11 Search _____
☐ UCC 11 Retrieval _____
☐ File No.'s, _____ Copies _____
☐ Counter Service _____
☐ Shipping/Handling _____
☐ Phone () _____
☐ Top Priority _____
☐ Express Mail Prep. _____
☐ FAX () _____ pgs. _____

SUBTOTALS _____

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

REQUEST TAKEN CONFIRMED APPROVED

DATE _____

TIME NC _____ CK No. _____

BY _____

WALK-IN 1/29 4:00
Will Pick Up _____

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
AMERICAN TITLE CORP.OF NORTH FLA.

FILED
95 JAN 29 PM 3:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE 1: NAME

The name of the corporation shall be:

AMERICAN TITLE CORP.OF NORTH FLA.

ARTICLE 2: PRINCIPAL OFFICE

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

622 CASSAT AVE. #9 JACKSONVILLE, FLORIDA 32205

ARTICLE 3: 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 4: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

C.B. ROTH
622 CASSAT AVE.#9
JACKSONVILLE, FLORIDA 32205

ARTICLE 5: INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation is:

CHARLES B. ROTH

ARTICLE 6: OFFICERS

The name and address of each officer of the corporation is:

President: CHARLES B. ROTH

Secretary/Treasurer: CHARLES B. ROTH

622 CASSAT AVE. #9 JACKSONVILLE, FLORIDA 32205

Third undersigned has executed these Articles of Incorporation
this 1st day of January 1996.



CHARLES B. ROTH
Incorporator

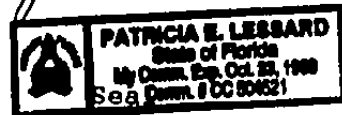
Sworn to and subscribed before me this 1st day of Jan, 1996



(Signature of Notary Public-State of Florida)



(Print, Type, or Stamp commissioned name of Notary Public)



FILED

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

96 JAN 29 PM 3:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 607.0501, Florida Statutes, the mentioned corporation, organized under the laws of the States of Florida, submits the following statement in designating the registered office/registered agent, in the states of Florida.

1. The name of the corporation is:
AMERICAN TITLE CORP. OF NORTH FLA.
2. The name and address of the registered agent and office is:
AMERICAN TITLE CORP. OF NORTH FLA. 622 CASSAT AVE. #9
JACKSONVILLE, FLA 32205

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 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.

Charles B. Roth

CHARLES B. ROTH

Sworn to and subscribed before me this 15th day of Jan, 19 96

Patricia E. Lessard

(Signature of Notary Public-State of Florida)

PATRICIA E. LESSARD

(Print, Type, or Stamp Commissioned Name of Notary Public)

