

P960001753

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

No. 52504

RE: Kathleen In... **FILED**

96 FEB 27 AM 11:14

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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 \$ _____

- Capital Express™
- Art. of Inc. File
- _____ Corp. Record Search
- _____ Ltd. Partnership File
- _____ Foreign Corp. File
- () Gen. Copy(s)
- photo*
- _____ Art. of Amend. File
- _____ Dissolution/Withdrawal
- _____ C U B.
- _____ 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.

300001725193
 -02/27/96-01046-015
 *****70.00 *****70.00

SUBTOTALS _____

OK 2/27/96

REQUEST	TAKEN	CONFIRMED	APPROVED
DATE	<u>2/27/96</u>	_____	_____
TIME	<u>10:00A</u>	_____	CK No. _____
BY	<u>JD</u>	_____	_____

WALK-IN Will Pick Up _____

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

96 FEB 27 AM 11:14
 DIVISION OF CORPORATIONS

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
KATHALEEN INMAN, P.A.**

FILED
96 FEB 27 AM 11:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - NAME

The name of the corporation shall be:

KATHALEEN INMAN, P.A.

ARTICLE II - PRINCIPAL OFFICE

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

**277C Indian River Blvd., Ste. 316
Vero Beach, FL 32964-4376
(407) 563-0038**

ARTICLE III - DURATION

The period of duration of the corporation is perpetual.

ARTICLE IV - PURPOSE

This corporation is organized for the purpose of transacting any or all lawful business as an attorney at law. The specific nature of business of this professional association is to practice law.

ARTICLE V - CAPITAL STOCK

This corporation is authorized to issue one thousand (1,000) shares of common stock, all of one class, having a par value of One Dollar (\$1.00) per share.

ARTICLE VI - INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

**KATHALEEN INMAN
2770 Indian River Blvd., Ste. 316
Vero Beach, FL 32964-4376**

ARTICLE VII - INITIAL BOARD OF DIRECTORS

This Corporation shall have one (1) director initially. The number of directors may be either increased or diminished from time to time by the by-laws, but shall never be less than one. The name and address of the initial director of this Corporation is:

**KATHALEEN INMAN
2770 Indian River Blvd., Ste. 316
Vero Beach, FL 32964-4376**

ARTICLE VIII - INCORPORATOR

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

**KATHALEEN INMAN
2770 Indian River Blvd., Ste. 316
Vero Beach, FL 32964-4376**

ARTICLE IX - AMENDMENT

This Corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation, or any amendment hereto, and any right conferred upon the shareholders is subject to this reservation.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Incorporation this 26th day of February, 1996.

Kathaleen Inman
KATHALEEN INMAN
Incorporator

**STATE OF FLORIDA
COUNTY OF INDIAN RIVER**

The forgoing Articles of Incorporation were acknowledged before me this ___ day of February, 1996, by KATHALEEN INMAN, who is personally known to me or who has produced _____ as identification and who did not take an oath.

NOTARY PUBLIC

Sign: *Heleen E. Scott*
Print: _____
My Commission Expires: _____
My Commission Number is: _____

(SEAL)



HELEN E. SCOTT
MY COMMISSION # CC450859 EXPIRES
April 16, 1999
BONDED THRU TROY FARM INSURANCE, INC

**CERTIFICATE DESIGNATING AGENT UPON WHOM
PROCESS MAY BE SERVED AND THE PLACE OF BUSINESS
OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN
THE STATE OF FLORIDA**

FILED

96 FEB 27 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to Chapters 607.0501, Florida Statutes, the following is submitted:

KATHALEEN INMAN, P.A., desiring to organize under the laws of the State of Florida with its initial registered office as indicated in the Articles of Incorporation, at 2770 Indian River Blvd., Ste. 316, Vero Beach, Indian River County, State of Florida, has named KATHALEEN INMAN, as its registered agent to accept service of process within this state.

ACKNOWLEDGMENT AND ACCEPTANCE

Having been named as the registered agent for the above corporation for the purpose of accepting service of process at the registered office designated in this certificate, I hereby accept such appointment and acknowledge that I am familiar with and accept the obligations and responsibilities of such office as provided for in Florida Statutes 607.0505.

Kathaleen Inman
KATHALEEN INMAN

Date: 2/26/96