

P9600011011

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 _____

Master No.: _____ Express Mail No. _____

State Fee \$ _____ Our \$ _____

RE: Hanson Properties, Inc.

96 FEB 27 PM 3:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

☒	Capital Express™	_____	_____
☒	Art. of Inc. File	_____	_____
☐	Corp. Record Search	_____	_____
☐	Ltd. Partnership File	_____	_____
☐	Foreign Corp. File	_____	_____
☒	(-) Cert. Copy(s) <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 K/I	_____	_____
☐	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 _____

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

REQUEST TAKEN CONFIRMED APPROVED

DATE _____

TIME _____ CK No. _____

BY [Signature] _____

WALK-IN 67 3:00
Will Pick Up _____

ARTICLES OF INCORPORATION

FILED

96 FEB 27 PM 3:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OF

Hanson Properties, Inc.

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 **Hanson Properties, Inc.**

ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of the corporation is 118 E. Jefferson St., Orlando, FL 32801.

ARTICLE III: CAPITAL STOCK

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

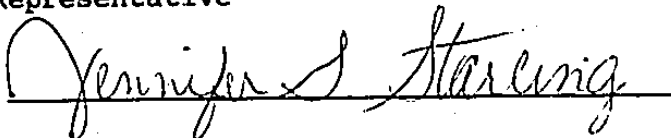
The name and address of the incorporator of these Articles of Incorporation is Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL 32301.

ARTICLE VI: INITIAL BOARD OF DIRECTORS

The name and address of the initial Board of Directors of the corporation is Joseph A. Fien, 118 E. Jefferson St., Orlando, FL 32801.

The undersigned has executed these Articles of Incorporation this 27th day of February 1996.

"Capital Connection, Inc. by Jennifer G. Starling, Client Representative"

A handwritten signature in cursive script, reading "Jennifer G. Starling", is written over a horizontal line.

FILED

96 FEB 27 PM 3:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

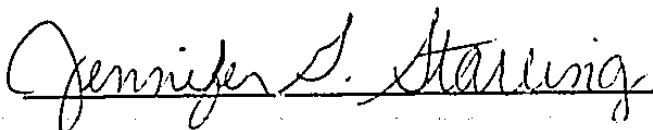
**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

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 agent/registered office, in the state of Florida.

1. The name of the corporation is Hanson Properties, Inc.
2. The name and address of the registered agent and office is Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL 32301.

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.

"Capital Connection, Inc. by Jennifer G. Starling, Client Representative"



CAPITAL CONNECTION, INC.

417 B. Virginia Street, Suite 1 • Tallahassee, Florida 32302
(904) 224-8870 • 1-800-342-8062 • Fax (904) 222-1222

P96000018011

Hanson Properties, Inc.

9000002294749--7
-07/10/97--01032--015
****350.00 *****07.50

Signature _____

Requested by: W.C.

Name _____

Date 7/10

Time 9:00

Walk-In _____

Will Pick Up _____

FILED
97 JUL 10 PM 12:19
SECRETARY OF STATE
TALLAHASSEE FLORIDA
RECEIVED
97 JUL 10 AM 9:55
DIVISION OF CORPORATION
____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Name Reservation _____
____ Merger File _____
____ Art. of Amend. File _____
✓ ____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search 7/10 _____
____ Fictitious Owner Search W.C. _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

RESIGNATION OF REGISTERED AGENT

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

Hanson Properties, Inc.

(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:

Welmar Lopez

(Typed or Printed Name)

Registered Agent Coordinator

(Capacity)

FILED
97 JUL 10 PM 12:19
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Fee for filing this document:

\$87.50 - Active corporation

\$35.00 - Administratively dissolved corporation