

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 \$ _____

REQUEST TAKEN CONFIRMED APPROVED
DATE 2/29/96
TIME 10:00 CK No. _____
BY CD

WALK-IN
Will Pick Up _____

RE:

Bluefunk **FILED**

96 FEB 29 PM 12:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

☒ Capital Express™
☒ Art. of Inc. File _____

Corp. Record Search _____

Ltd. Partnership File _____

Foreign Corp. File _____
☒ () Cert. Copy(s) _____

Art. of Amend. File _____

Dissolution/Withdrawal _____
☒ C U S. _____

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. _____

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, 16% per Annum.

THANK YOU
from
Your Capital Connection

ARTICLES OF INCORPORATION

FILED

96 FEB 29 PM 12:30

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:

BLUEFUNK Inc.

ARTICLE II PRINCIPAL OFFICE

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

1000 West Ave. Apt. 1629
M.D. FL. 33139

ARTICLE III SHARES

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

100 shares of common stock which shall have a
value of \$1.00 per share

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ARIEL Hernandez
1000 West Ave. Apt. 1629
M.D. FL. 33139

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

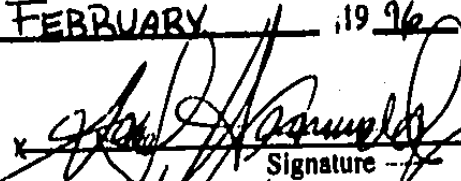
The name's and street address(es) of the incorporator(s) to these Articles of Incorporators is (are):

Ariel Hernandez
1000 West Ave. Apt. 1629
M.B. FL 33139

Humberto Hernandez
1000 West Ave. Apt. 1629
M.B. FL 33139

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

27 Day of FEBRUARY, 19 96


Signature


Signature

Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officer

CERTIFICATION OF
REGISTERED AGENT/REGISTERED OFFICE

FILED

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: BLUE FUNK INC.

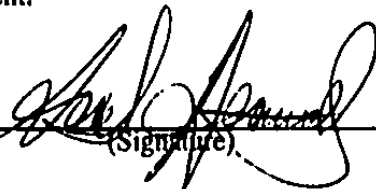
2. The name and address of the registered agent and office is:

ARIEL HERNANDEZ
(Name)

1000 WEST AVE. APT 1629
(P.O. Box or Mail Drop Box NOT ACCEPTABLE)

M.B 33139
(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 here-by 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 positions as registered agent.

X 
(Signature)

2/27/96
(Date)

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314