

P 96000018892

**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 \_\_\_\_\_

Mail No.: \_\_\_\_\_ Express Mail No. \_\_\_\_\_

State Fee \$ \_\_\_\_\_ Our \$ \_\_\_\_\_

RE: Transfr **FILED** No. 52504

96 FEB 29 PM 3:32

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

☒ Capital Express™  
☒ Art. of Inc. File \_\_\_\_\_  
☐ Corp. Record Search \_\_\_\_\_  
☐ Ltd. Partnership File \_\_\_\_\_  
☐ Foreign Corp. File \_\_\_\_\_  
☒ (1) Port. Copy(s) \_\_\_\_\_  
☒ Photo \_\_\_\_\_  
☐ Art. of Amend. File \_\_\_\_\_  
☐ Dissolution/Withdrawal \_\_\_\_\_  
☐ C U S \_\_\_\_\_  
☐ Fictitious Name File **3000001727853**  
☐ Name Reservation **02/29/96--01023--019**  
☐ Annual Report/Reinstatement **\*\*\*10.00\*\*\***  
☐ Reg. Agent Service **\*\*\*70.00\*\*\***  
☐ 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 \_\_\_\_\_

RECEIVED  
 96 FEB 29 / 11 9:57  
 CAPITAL CONNECTION

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

REQUEST TAKEN CONFIRMED APPROVED  
 DATE 2/29/96  
 TIME 10:00 A  
 BY JD CK No. \_\_\_\_\_

WALK-IN  
 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 60 Days: 18% per Annum

THANK YOU  
 from  
 Your Capital Connection

**ARTICLES OF INCORPORATION**

**OF**

**TRANSFER STYLE INC**

**FILED**

**96 FEB 29 PM 3:32**

**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:

**TRANSFER STYLE INC**

**ARTICLE II PRINCIPAL OFFICE**

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

**7544 W MACNAB RD BAY C25-C26  
NORTH LAUDERDALE FL 33068**

**ARTICLE III CAPITAL STOCK**

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

**500 SHARES AT 1.00 PAR VALUE**

**ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS**

The name and address of the initial registered agent is:

**FERNANDO APOLINARIO CRUZ**

**7544 W MC NAB RD BAY C25-C26  
NORTH LAUDERDALE, FL 33068**

**ARTICLE V INCORPORATORS**

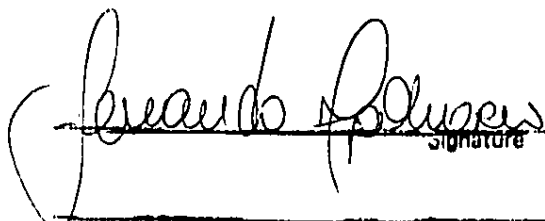
The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

**FILED**  
96 FEB 29 PM 3:32

FERNANDO APOLINARIO CRUZ 7544 W MCNAB RD  
NORTH LAUDERDALE FL 33068  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

26 day of FEBRUARY, 1996

  
\_\_\_\_\_  
Signature  
\_\_\_\_\_  
Signature  
\_\_\_\_\_  
Signature

PRESIDENT

Articles of Incorporation  
Filing Fee - \$35

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, 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: TRANFER STYLE INC

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

FERNANDO APOLINARIO CRUZ

(Name)

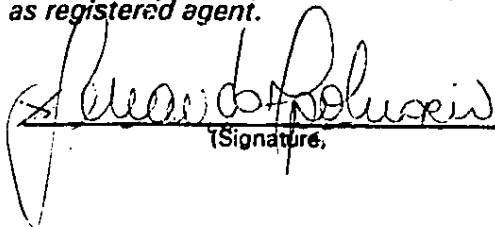
7544 W MCNAB RD BAY C25-C 26

(P.O. Box not acceptable)

NORTH LAUDERDALE FL 33068

(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 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.*

  
(Signature)

2/26/96  
(Date)