

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 \$ _____

PH 3/5/96

REQUEST TAKEN CONFIRMED APPROVED

DATE _____

TIME _____ CK No. _____

BY _____

WALK-IN 3/5 12:00
Will Pick Up _____

RE: Mail Management

96 MAR -5 AM 11:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

☒ Capital Express™
☒ Art. of Inc. File
☐ Corp. Record Search
☐ Ltd. Partnership File
☐ Foreign Corp. File
☒ (-) Cert. Copy(s) *photo*

☐ Art. of Amend. File
☒ Dissolution/Withdrawal *G/S*
☐ C U S.
☐ Fictitious Name File

☐ Name Reservation
☐ Annual Report/Reinstatement
☐ Reg. Agent Service
☐ Document Filing

☐ Corporate Kit
☐ Vehicle Search
☐ Driving Record
☐ Document Retrieval

200001732712
-03/05/96--01039--040
*****78.75 *****78.75

☐ 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 _____

PREPAID _____

DISBURSED _____

SURCHARGE _____

TAX on corporate supplies _____

SUBTOTAL _____

PREPAID _____

BALANCE DUE _____

96 MAR -5 AM 11:49
RECEIVED

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

TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: MAIL MANAGEMENT INC.
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

FROM: LAWRENCE M. DIMINO
Name (printed or typed)

970 OLD OAK COURT
Address

WEST PALM BEACH, FL 33414
City, State & Zip

407-753-0618
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

FILED

ARTICLES OF INCORPORATION

96 MAR -5 AM 11:49

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:

MAIL MANAGEMENT INC.

ARTICLE II PRINCIPAL OFFICE

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

THE PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS OF THE CORPORATION IS C/O LAWRENCE M. DIMINO, 970 OLD OAK COURT, WEST PALM BEACH, FL 33414.

ARTICLE III SHARES

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

THE NUMBER OF SHARES OF STOCK THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS (100) SHARES HAVING A PAR VALUE OF (.01) PER SHARE.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

LAWRENCE M. DIMINO, 970 OLD OAK COURT, WEST PALM BEACH, FL 33414.

ARTICLE V INCORPORATOR(S)

See Instructions for officers/directors

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


LAWRENCE M. DIMINO, 970 OLD OAK COURT, WEST PALM BEACH, FL 33414

ARTICLE VI: INITIAL BOARD OF DIRECTORS

THE NAME AND ADDRESS OF THE INITIAL BOARD OF DIRECTORS OF THE CORPORATION IS LAWRENCE M. DIMINO, PRESIDENT, 970 OLD OAK COURT, WEST PALM BEACH, FL 33414.

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

1ST day of MARCH, 19 96.



Signature LAWRENCE M. DIMINO

Signature

Signature

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

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

MAR -5 AM 11:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: MAIL MANAGEMENT, INC.

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

LAWRENCE M. DIMINO

(NAME)

970 OLD OAK COURT(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)WEST PALM BEACH, FL 33414

(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)3/1/96
(DATE)