

# P96000021350

## 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 3/8/96*

REQUEST TAKEN CONFIRMED APPROVED  
 DATE 3-8-96  
 TIME \_\_\_\_\_ CK No. \_\_\_\_\_  
 BY Jen

WALK-IN  
 Will Pick Up \_\_\_\_\_

RE: Driver Safety Programs, Inc.

96 MAR -8 AM 11:29

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

<input checked="" type="checkbox"/>	Capital Express™	_____	_____
<input checked="" type="checkbox"/>	Art. of Inc. File	_____	_____
<input type="checkbox"/>	Corp. Record Search	_____	_____
<input type="checkbox"/>	Ltd. Partnership File	_____	_____
<input type="checkbox"/>	Foreign Corp. File	_____	_____
<input checked="" type="checkbox"/>	( ) Cert. Copy(s)	_____	_____
<input type="checkbox"/>	Art. of Amend. File	_____	_____
<input checked="" type="checkbox"/>	Dissolution/Withdrawal	_____	_____
<input checked="" type="checkbox"/>	C U S. <u>215</u>	_____	_____
<input type="checkbox"/>	Fictitious Name File	_____	_____
<input type="checkbox"/>	Name Reservation	_____	_____
<input type="checkbox"/>	Annual Report/Reinstatement	_____	_____
<input type="checkbox"/>	Reg. Agent Service	_____	_____
<input type="checkbox"/>	Document Filing	_____	_____
<input type="checkbox"/>	Corporate Kill	_____	_____
<input type="checkbox"/>	Vehicle Search	_____	_____
<input type="checkbox"/>	Driving Record	_____	_____
<input type="checkbox"/>	Document Retrieval	_____	_____
<input type="checkbox"/>	UCC 1 or 3 File	_____	_____
<input type="checkbox"/>	UCC 11 Search	_____	_____
<input type="checkbox"/>	UCC 11 Retrieval	_____	_____
<input type="checkbox"/>	File No.'s, Copies	_____	_____
<input type="checkbox"/>	Courier Service	_____	_____
<input type="checkbox"/>	Shipping/Handling	_____	_____
<input type="checkbox"/>	Phone ( )	_____	_____
<input type="checkbox"/>	Top Priority	_____	_____
<input type="checkbox"/>	Express Mail Prop.	_____	_____
<input type="checkbox"/>	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

THANK YOU

# ARTICLES OF INCORPORATION **FILED**

96 MAR -8 AM 11:29

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:  
Driver Safety Programs, Inc.

## **ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be:  
8717-2 Little Rd.  
New Port Richey, FL 34654

## **ARTICLE III SHARES**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:  
Five (5)

## **ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:  
Coy Pigman  
8717-2 Little Rd.  
New Port Richey, FL 34654

**FILING FEE: \$70.00**

**ARTICLE V INCORPORATOR(S)**

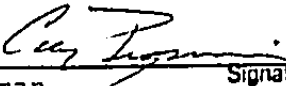
**See Instructions for officers/directors**

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

Coy Pigman  
8717-2 Little Rd.  
New Port Richey, FL 34654

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

7 day of March, 1996.

  
\_\_\_\_\_  
Coy Pigman Signature  
\_\_\_\_\_  
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**

96 MAR -8 AM 11:29

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: Driver Safety Programs, Inc.

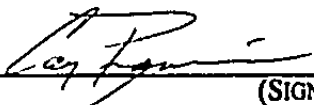
2. The name and address of the registered agent and office is:

Coy Pigman  
(NAME)

8717-2 Little Rd.  
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

New Port Richey, FL 34654  
(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)

3/7/96  
(DATE)

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