or Sign Works Cornfly 417 E. Virginia St., Stilte I., Tallahassee, FL 32301, (904)224-8870 Mailing Address: Post Office Box 10349, Tallahansee, FL 32302. TOLL FREE No. 1-800-342-8062 PAX (904) 222-1222 C.C. FEE. Capital Express NAME _ Corp. Record Beards FIRM Ltd. Partnership File ADDRESS __ Foreign Corp. File () Cert, Copy(s). Art. of Amend. File PHONE (Dissolution/Withdraws! CU8-... Service: Top Priority. Heguler_ Fictitious Name File Two Day Service One Day Service ... Name Reservation To us via _____ Return via ____ Annual Report/Reinstatement _ _ Rag. Agent Service Matter No.: ___ _____ Express Mail No. -Document Filing _ Corporate Kit Vehicle Search **Driving Record Document Retrieval** UCC 1 or 3 File 1.54 UCC 11 Search **UCC 11 Retrieval** __ File No.'s, _ .Copies Courier Service . Shipping/Handling Phone () Top Priority . Express Mail Prep. _ _ FAX () SUBTOTALS . DISBURSED..... MAR 1 5 1996 BURCHARGE..... TAX on corporate supplies..... CONFIRMED APPROVED PREPAID.....

CK No. _

WALK-IN

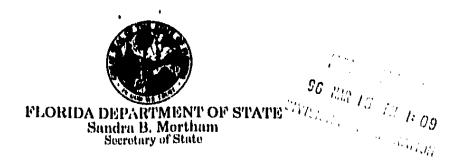
Will Pick Up

Please remit Invoice number with payment TERMS: NET 10 DAYS FROM INVOICE DATE 1 1/2% per month on Past Due Amounts

BALANCE DUE.....

THANK YOU from

DISBURGED



March 13, 1996

CAPITAL CONNECTION, INC. P O BOX 10349 TALLAHASSEE, FL 32302

SUBJECT: THE DESIGN WORKS COMPANY

Ref. Number: W96000005543

We have received your document for THE DESIGN WORKS COMPANY and check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

If you have any questions concerning the filing of your document, please call (904) 487-6915.

Pamela Hall Document Specialist

Letter Number: 296A00011279

Ollecte de Pan

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Elorida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

William H. Johnson Consulting, Inc.

ARTICLE II PRINCIPAL OFFICE
The principal place of business and mailing address of this corporation shall be:

William H. Johnson Consulting, Inc. 5290 60th ST., N. ST. PETERSBURG, FL 33709

ARTICLE III SHARES

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

TEN (10) SHARES @ ONE HUNDRED DOLLARS (\$100.00) PER SHARE

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS. The name and address of the initial registered agent is:

WILLIAM H. JOHNSON 5290 60th ST.,N. ST. PETERSBURG, FL 33709

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ARTICLE V INCORPORATOR(8) See instructions for officers/directors

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

WILLIAM II. JOHNSON 5290 60th ST., N. ST. PETERSBURG, FL 33709

DIANE JOHNSON 5290 60th ST.,N. ST. PETERSBURG, FL 33709

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

Signature

Signature

Signature

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

1 4

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

FURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UMBER 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:	William H. Johnson Consu	1ting, Inc.) ************************************
2. The name and address of the registe	ered agent and office is:		Militar into the state of the s
WILLIAM II. J	OHNSON (NAMR)) bea	•
5290 60th ST (P.O. Box	OF MUI DOOP BOX NOT ACCEPTABLE)		1.73 5.3 7.3 1.3 1.3
ST. PETERSB	URG. FL 33709 (CHY/SYAYDZIP)	- SSEE	
Having been named as registered a corporation at the place designated in agent and agree to act in this capacity relating to the proper and complete per obligations of my position as registered	this certificate, I hereby accept the a y. I further agree to comply with the rformance of my duties, and I am fan	ppointmithi as	registered
SIGNATURE	MA	RCH 8,1996	

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