

P96000028986

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 4/3/96  
TIME 10:30  
BY CD CK No. \_\_\_\_\_

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

RE: Use Your Woodie Tax  
95 APR -3 PM 12:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
DISBURSED

Capital Express™  
Art. of Inc. Filing  
Corp. Record Search  
Ltd. Partnership Filing  
Foreign Corp. Filing  
(-) Cert. Copy(s)  
Art. of Amend. Filing  
Dissolution/Withdrawal  
C U S-  
Fictitious Name Filing  
Name Reservation  
Annual Report/Reinstatement  
Reg. Agent Service  
Document Filing  
Corporate Kit  
Vehicle Search  
Driving Record  
Document Retrieval  
UCC 1 or 3 Filing  
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.....  
\$

RECEIVED  
95 APR -3 PM 11:57  
DIVISION OF CORPORATION

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

**ARTICLES OF INCORPORATION**

**OF**

**USE YOUR NOODLE, INC.**

**FILED**

96 APR -3 PM 12:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

**ARTICLE I: NAME**

The name of the corporation is **Use Your Noodle, Inc.**

**ARTICLE II: PRINCIPAL OFFICE**

The principal place of business and mailing address of the corporation is 915 Cornish Ln., Key West, FL 33040.

**ARTICLE III: CAPITAL STOCK**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is one thousand (1000) shares having a par value of (\$1.00) per share.

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

The name and address of the initial registered agent is Michael Browning, 402 Applerouth Ln., Ste. 10, Key West, FL 33040.

#### **ARTICLE V: INCORPORATOR**

The name and address of the incorporator of these Articles of Incorporation is Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL 32301.

#### **ARTICLE VI: INITIAL BOARD OF DIRECTORS**

The name and address of each member of the initial Board of Directors of the corporation is

Dan Evenson

Charles Powers

915 Cornish Ln., Key West, FL 33040.

The undersigned has executed these Articles of Incorporation this 3rd day of April 1996.

"Capital Connection, Inc. by Crystal Dugger, Assistant Office Manager"

Crystal Dugger

CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE

FILED

96 APR -3 PM 12:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 607.0501, Florida Statutes, the mentioned 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: Use Your Needle, Inc.

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

402 Applerouth Ln., Ste. 10, Key West, FL 33040.

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.

