

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 _____

Mailor No.: _____ Express Mail No. _____

State Fee \$ _____ Our \$ _____

RECEIVED
 06 APR 26 PM 11:50
 DIVISION OF CORPORATION

PH 4/26/96

REQUEST	TAKEN	CONFIRMED	APPROVED
DATE _____	_____	_____	_____
TIME _____	_____	_____	CK No. _____
BY <i>DPW</i>	_____	_____	_____

WALK-IN Will Pick Up 4/26 2:00

RE: Leigh E. [unclear]
Scientific 06 APR 26 PM 11:50

SEC. OF RECORDED & STAMPED
 TALLAHASSEE, FLORIDA

- Capital Express™
- Art. of Inc. File _____
- Corp. Record Search _____
- Ltd. Partnership File _____
- Foreign Corp. File _____
- () Cert. Copy(s) _____
- Art. of Amend. File _____
- Dissolution/Withdrawal _____
- C U B. _____
- Filitious Name File _____
- Name Reservation _____
- Annual Report/Maintenance _____
- Reg. Agent Service _____
- 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. _____

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 -04/26/96--01083--023
 ****122.50 ****122.50

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
 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

LEIGH ESSEX SCIENTIFIC, INC.

FILED

APR 26 PM 3:45

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 **LEIGH ESSEX SCIENTIFIC, INC.**

ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of the corporation is 309 Altamonte Commerce Blvd., Ste 1516, Altamonte Springs, FL 32714.

ARTICLE III: CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is five hundred (500) shares having no par value.

ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is Norma Longstroth, 309 Altamonte Commerce Blvd., Ste 1516, Altamonte Springs, FL 32714.

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.

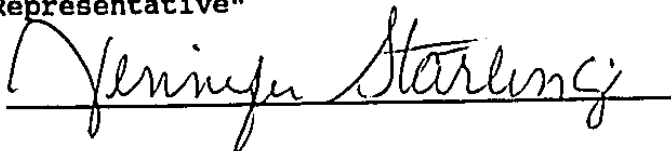
ARTICLE VI: INITIAL BOARD OF DIRECTORS

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

Norma Longstreth
1802 Torrington Cir.
Longwood, FL 32750

The undersigned has executed these Articles of Incorporation this 26th day of April 1996.

"Capital Connection, Inc. by Jennifer Starling, Client Representative"



CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

96 APR 26 PM 3:45
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: _____

LEIGH ESSEX SCIENTIFIC, INC.

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

309 Altamonte Commerce Blvd., STE 1516
Altamonte Springs, FL 32714

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.

Norma Longstreth