

# 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 \$ \_\_\_\_\_

*Recall  
 Cap. Conn.  
 Charge \$5 from  
 621 to 607  
 OK*

*W96-9013  
 PH 4/29/96*

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

WALK-IN *4/26 12:00*  
 Will Pick Up \_\_\_\_\_

RE:

~~LEA CORP.~~

*LEA Corp.*

No. 52761

**FILED**

96 APR 29 11:10:20

SECRETARY (DISBURSED)  
 TALLAHASSEE, FLORIDA

<input checked="" type="checkbox"/> Capital Express™	_____	_____
<input 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 type="checkbox"/> Dissolution/Withdrawal	_____	_____
<input type="checkbox"/> C U S-	_____	_____
<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 Kit	_____	_____
<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 Prep.	_____	_____
<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  
 1 1/2% per month on Past Due Amounts  
 Past 30 Days, 18% per Annum.

THANK YOU  
 from  
 Your Capital Connection



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

April 26, 1996

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

SUBJECT: LOA CORP.  
Ref. Number: W96000009013

We have received your document for <sup>L.A.D.</sup>LOA CORP. 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

CORRECTION

Letter Number: 196A00019983

RECEIVED  
DIVISION OF CORPORATIONS  
65 APR 29 2 29:59

**ARTICLES OF INCORPORATION**

**OF**

**LAO CORP.**

**FILED**

**96 APR 29 AM 10:20**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

I, the undersigned incorporator, hereby make, acknowledge and file these Articles of Incorporation for the purpose of forming a corporation under the laws of the State of Florida.

**ARTICLE I**

**NAME**

The name of this corporation shall be:

LAO CORP.

Its principal place of business and/or mailing address shall be:

6835 S.W. 92 Street  
Miami, Florida 33152

**ARTICLE II**

**NATURE OF BUSINESS**

The general purpose for which this Corporation is organized is to transact any or all lawful business for which corporations may be incorporated under Chapter 601, Florida Statutes:

**ARTICLE III**

**AUTHORIZED SHARES**

The Corporation shall be authorized to create and issue 300 shares of Common Stock having a par value of \$0.01 per share.

The whole or any part of the authorized shares of the Corporation may be issued for a consideration payable in cash or other property, tangible or intangible, or in labor or services actually performed for the Corporation, having a value as is determined from time to time by the Board of Directors of the Corporation, not less than the par value of the stock so to be issued.

#### ARTICLE IV

##### TERMS OF EXISTENCE

The term of this Corporation shall commence with the filing of these Articles of Incorporation. The Corporation shall exist perpetually unless dissolved according to law.

#### ARTICLE V

##### INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of this Corporation in the State of Florida shall be:

306 Alcazar Avenue, Suite 302  
Coral Gables, Florida 33134

The name of the initial registered agent of this Corporation at that address shall be:

William Garcia, P.A.

#### ARTICLE VI

##### BOARD OF DIRECTORS

The powers of the Corporation shall be exercised by or under the authority of, and the business and affairs of the Corporation shall be managed under the direction of, a Board of Directors, which shall have three (3) director initially. The number of directors may be increased or decreased by the shareholders from time to time as provided in the Bylaws of the Corporation.

#### ARTICLE VII

##### DIRECTORS - NAMES AND STREET ADDRESSES

The names and street addresses of the members of the first Board of Directors who shall hold office until their successors have been duly elected or appointed and have qualified are as follows:

Dr. Laida N. Casanova  
Dr. Orestes A. Alvarez-Jacinto, Sr.  
Dr. Orestes A. Alvarez-Jacinto, Jr.  
6835 S.W. 92 Street  
Miami, Florida 33152

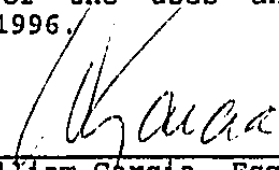
ARTICLE VIII

INCORPORATOR

The name and street address of the incorporator signing these Articles of Incorporation is as follows:

William Garcia, Esq.  
William Garcia, P.A.  
306 Alcazar Avenue, Suite 302  
Coral Gables, Florida 33134

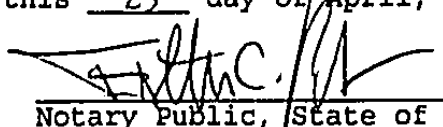
IN WITNESS WHEREOF, the undersigned incorporator William Garcia, Esq., has made and subscribed these Articles of Incorporation at Miami, Florida, for the uses and purposes aforesaid, this 25<sup>th</sup> day of April, 1996.

  
\_\_\_\_\_  
William Garcia, Esq.  
Incorporator

STATE OF FLORIDA       )  
                              ) SS.  
COUNTY OF DADE       )

BEFORE ME personally appeared William Garcia, to me well known to be the person described in and who executed the foregoing Articles of Incorporation, and who freely and voluntarily acknowledged before me according to law that he made and executed the same for the uses and purposes therein mentioned and set forth.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal at Miami, Florida this 25<sup>th</sup> day of April, 1996.

  
\_\_\_\_\_  
Notary Public, State of Florida

My Commission Expires:



ESTHER C. PORTER  
My Commission 0044826  
Expires Oct. 18, 1998  
Bonded by HAI  
800-422-1806

DESIGNATION AND ACCEPTANCE

OF

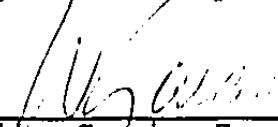
REGISTERED AGENT

FILED

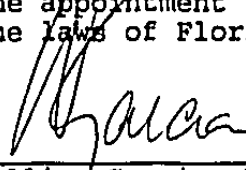
96 APR 29 AM 10:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

In pursuance of Section 48.091 and Chapter 607, Florida Statutes, William Garcia, Esq., having filed its Articles of Incorporation contemporaneously herewith, with its registered offices as indicated therein at 306 Alcazar Avenue, Suite 302, Coral Gables, Florida 33152, has named William Garcia, Esq., located thereat as its registered agent to accept service of process within this state.

  
\_\_\_\_\_  
William Garcia, Esq.  
Incorporator

Having been named as registered agent to accept service of process for the above-stated corporation, at the location designated herein, I hereby accept the appointment to act in this capacity, and agree to comply with the laws of Florida applicable thereto.

  
\_\_\_\_\_  
William Garcia, Esq.  
Registered Agent.