

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

RE:

Sunglass FILED

Dupot, clm

ALL 9:26

SEC. FEES & 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 checked="" type="checkbox"/> | Foreign Corp. File          | _____               |
| <input type="checkbox"/>            | ( ) Cert. Copy(s)           | <u>photo</u>        |
| <input type="checkbox"/>            | Art. of Amend. File         | _____               |
| <input type="checkbox"/>            | Dissolution/Withdrawal      | _____               |
| <input type="checkbox"/>            | C U S -                     | 8088844812378       |
| <input type="checkbox"/>            | Fictitious Name File        | ****70.00 ****70.00 |
| <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

|         |           |           |              |
|---------|-----------|-----------|--------------|
| REQUEST | TAKEN     | CONFIRMED | APPROVED     |
| DATE    | _____     | _____     | _____        |
| TIME    | <u>12</u> | _____     | CK No. _____ |
| BY      | <u>MC</u> | _____     | _____        |

WALK-IN 5/8 11:00  
Will Pick Up

**ARTICLES OF INCORPORATION  
OF  
SUNGLASS DEPOT, INC.**

**FILED**  
96 MAY -8 AM 9:27  
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

**SUNGLASS DEPOT, INC.**

**ARTICLE II : PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be

**423 Front Street  
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 tone thousand (1,000) shares having \$1.00 par value.

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

The name and address of the initial registered agent is

Uri Gamal  
423 Front Street  
Key West, FL 33040

**ARTICLE V : INCORPORATOR**

The name and street address of the incorporator of these Articles of Incorporation is

Eddie Nurieli  
915 Middle River Drive  
Suite 309  
Ft. Lauderdale, FL 33304

**ARTICLE VI : OFFICERS**

The name and address of the officers and directors of the corporation are Moshe Mizrahi, President, Uri Gamal, Secretary and Treasurer, 423 Front Street, Key West, FL 33040.

The undersigned has executed these Articles of Incorporation this 22nd day of April, 1996.



\_\_\_\_\_  
Signature/Title

**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE**

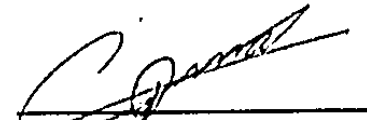
**FILED**

96 MAY -8 AM 9:27


Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, hereby makes the following statement in designating the registered agent, in the State of Florida.

1. The name of the corporation is:  
Sunglass Depot, Inc.
2. The name and address of the registered agent and office is:

Uri Gamal  
423 Front Street  
Key West, FL 33040

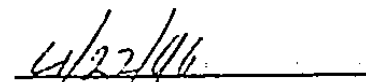
  
(corporate officer)

  
Title

  
Date

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 PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

  
SIGNATURE

  
DATE