

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 \$ _____

PAID 5/8/96

REQUEST	TAKEN	CONFIRMED	APPROVED
DATE	_____	_____	_____
TIME	_____	_____	CK No. _____
BY	<i>[Signature]</i>	_____	_____

WALK-IN Will Pick Up 5/8 4:00

P96000039685

No. 33013

RE: File, Inc.

96 MAY -8 PM 11:07

RECORDED
 TALLAHASSEE, FLORIDA

Capital Express™	_____
Art. of Inc. File	_____
Corp. Record Search	_____
Ltd. Partnership File	_____
Foreign Corp. File	_____
() Cert. Copy(n)	<i>Photo</i>
Art. of Amend. File	_____
Dissolution/Withdrawal	_____
U U S-	_____
Fill/Down Name File	_____
Name Reservation	_____
Annual Report/Statement	_____
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 Prop.	_____
FAX () pgs.	_____

RECORDED 5/14/96
 05/09/96 01002-021
 *****00-00 *****0000

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

FILED
26 MAY -8 PM 4:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dale, Inc.

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 corporation shall be:

Dale, Inc.

ARTICLE II PRINCIPAL OFFICE

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

Physical address:
624 Garden Street
Brooksville, Florida 34601

Mailing address:
Post Office Box 613
Brooksville, Florida 34605

ARTICLE III CAPITAL STOCK

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

1,000 (One thousand)

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

Bruce Dale
624 Garden Street
Brooksville, Florida 34601

ARTICLE V INCORPORATOR(S)

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

Bruce Dale
624 Garden Street
Brooksville, Florida 34601

The undersigned has(have) executed these Articles of Incorporation
this 6th day of May, 1996.

Bruce Dale Pres.
Signature/Title

Signature/Title

Signature/Title

FILED

96 MAY -8 PM 4:07

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned 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: Dale, Inc.
2. The name and address of the registered agent and office is:
Bruce Dale
(NAME)
624 Garden Street
(P.O. BOX NOT ACCEPTABLE)
Brooksville, Florida 34601
(CITY/STATE/ZIP)

SIGNATURE Bruce Dale
(corporate officer)
TITLE President
DATE May 6, 1996

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.

SIGNATURE Bruce Dale
DATE May 6, 1996

REGISTERED AGENT FILING FEE: \$35.00