

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 5/21
 TIME 9:00
 BY [Signature]
 CK No. _____

WALK-IN
 Will Pick Up _____

RE:

CRP Emergency 11500, 1/2

G.C. FEE.

DISBURSED

<input checked="" type="checkbox"/> Capital Express™	_____	_____
<input checked="" 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)	_____	_____
<i>photo</i>	_____	_____
<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.....	\$	55
DISBURSED.....	\$	17
SURCHARGE.....	\$	21
TAX on corporate supplies.....	\$	4
SUBTOTAL.....	\$	95
PREPAID.....	\$	55
BALANCE DUE.....	\$	40

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

2

TRANSMITTAL LETTER

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

SUBJECT: CRP Enterprises, Inc.
Proposed Corporate Name

Enclosed is an original and one copy of the Articles of Incorporation, a designation of registered agent, and a check for \$70.00. Please return one copy of the Articles stamped with the filing date.

FROM:

Charles R. Patterson

Name (print or type)

3236 San Pedro Street

Address

Clearwater, Florida 34619

City, State, Zip

(813) 724-8484

Area Code and Phone Number (Daytime)

FILED
96 MAY 21 AM 11:50
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

We, the undersigned, as proper persons acting as incorporators of a corporation under the laws of the State of Florida, adopt the following articles of incorporation:

FIRST

The name of the corporation is: CRP ENTERPRISES, INC.

SECOND

The period of its duration is: perpetual.

THIRD

The purpose of the corporation is: to engage in any or all lawful business for which corporations may be organized under the provisions of the General Corporation Law of Florida.

FOURTH

The aggregate number of authorized shares is: One Thousand (1000).

FIFTH

The corporation will not commence business until at least 20 dollars have been received by it as consideration for the issuance of shares.

SIXTH

Cumulative voting of shares of stock are authorized.

SEVENTH

Provisions limiting or denying to shareholders the preemptive right to acquire additional or treasury shares of the

corporation are:

as set forth in the bylaws.

EIGHTH

Provisions for regulating the internal affairs of the corporation are: as set forth in the bylaws.

NINTH

The address of the initial registered office of the corporation is: 3236 San Pedro St. Clearwater, Fl 34619 and the name of its initial registered agent at such address is: Charles R. Patterson

TENTH

Address of the principal place of business is: 3236 San
Pedro St. Clearwater, Fl 34619

ELEVENTH

The number of directors constituting the initial board of directors of the corporation is two, and the names and address of the persons who are to serve as directors until the first annual meeting of shareholders or until their successors are elected and shall qualify are:

Name	Address
<u>Charles R. Patterson</u>	<u>3236 San Pedro St. Clwr., Fl</u>
<u>Michael F. Patterson</u>	<u>8928 69th St. N. Pinellas Park</u>

TWELFTH

The name and address of each incorporator is:

Name	Address
Charles R. Patterson	3236 San Pedro St. Clwr. 34619

Michael F. Patterson

8928 69th St. N. PP F1 34666

Date: May 16, 1996



Charles R. Patterson

Incorporator



Michael F. Patterson

Incorporator

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

MAY 21 11:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to Florida law, 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/professional association is: _____
CRP Enterprises, Inc.

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

Charles R. Patterson
Full name

3236 San Pedro Street
Address (P.O. Box not acceptable)

Clearwater, Florida 34619
City, State, and Zip

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.

Charles R. Patterson
SIGNATURE OF REGISTERED AGENT

May 16, 1996
DATE

Designation of Registered Agent
Filing Fee — \$35.00