C1055 417 E. Virginia St., Suke 1, Tallahassee, FL 32301, (904)224-8870 Mailing Address: Post Office Box 10349, Tallahassee, FL 32302 AE:

TOLL FREE No. 1-800-342-8062 FAX (904) 222-1222	
NAME FIRM ADDRESS PHONE () Service: Top Priority Regular Two Day Service To us via Return via Matter No.: Express Mall No. State Fee \$ Our \$ Our \$	Capital Express See Aft. of Inc. File Corp. Record Search Ltd. Parinership File Foreign Corp. File () Cert. Copy(s) () Cert.
	Express Mail Prep. FAX () pgs. SUBTOTALS
	DISBURSED
BH 121/94	SURCHARGE
REQUEST TAKEN CONFIRMED APPROVED	SUBTOTAL
TIME 11:00P CK No.	BALANCE DUE
BY —	*

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

INT PONDER'ND HIC., THOMAS

WALK-IN Will Pick Up _

ARTICLES OF INCORPORATION	Rm In the tree
The Richard Cross Agency, TNO. 96	FILED
	MAY 21 - PIT 1: 56
(name of corporation) The undersigned acting as the incorporators of a corporation under the Florida Business Corporation the following articles of incorporation for such corporation:	HANNESEE, FLORIDA
ARTICLE I - CORPORATE NAME	
The Richard Cross, Agancy, The	
ARTICLE II - DURATION	
This corporation shall exist perpetually unless dissolved according to Florida law.	
ARTICLE III - PURPOSE	
The corporation is organized for the purpose of engaging in any activities or business permitted u United States and the State of Florida.	nder the laws of the
The corporation is authorized to issue 100 shares of common stock, par value \$ 10.	e v per share.
ARTICLE V - INITIAL PRINCIPAL OFFICE The street address of the initial principal office and, if different, the mailing address is:	
STREET ADDRESS SHILL Shadow C+	
CORAL SPRINGS, FL	
CITY CORAL SPRINGS FLORIDA Z	IP 33071
Mailing address, if different STREST ADDRESS	
U. S. C.	
CITY FLORIDA Z	ZIP
ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT	
The street address of the initial registered office and the name of the initial registered age	ent at the office is:
NAME Jesse fox	
ADDRESS 8411 Shadow CT	
	CIP 3307/

ARTICLE VII - INITIAL BOARD OF DIRECTURS

This corporation shall have	have hill klimii never ha la	lly. The number of directors may b as than one (1). The names and
NAME TOGGE OF	ollows:	
ADDRESS 9411 Shadow C+		
CITY CORAL SPRINGS	STATE F	ZIP 7367/
NAME MICHTIES THE HAIM	/	······································
CITY WEST PARTY BEDEN	= 1013	
CITY WAST BALLY BEATH	STATE /=Z	ZIP 3340)
NAME		
ADDRESS		
CITY	STATE	ZIP
ARTICLEVII	- INCORPORATORS	
he names and addresses of the incorporators signing these		tre ny follows:
NAME Jesse Fux		
ADDRESS 8411 Shadow CT.		
CITY CORAL SPRINGS	STATE C	ZIP 3357/
NAME MICHAEL RICHAM		
ADDRESS 224 DATHERA ST.	#1013	
CITY WEST PALIT BEACH	STATE FL	ZIP 33401
NAME		
ADDRESS		
CITY	STATE	ZIP
The undersigned incorporator(s) have executed these	of Incorporation	11: 20th
ay of		this
3,44	17	
	fuse.	(Signature)
- -	Moke	China, (Signature)
		(Signature)

CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE

96 MAY 21 PH 1:56

SECRETARY OF STATEA
TALLATIASSEE: FLORIDA

The Kichard Cross Hyenry Two.
(name of corporation)
Pursuant to Florida Statutes Sections 48,091 and 607.0501, the following is submitted:
The above corporation, organized under the laws of the State of Florida with its registered office
as indicated in the Articles of Incorporation
11 8411 Shapow cT.
CURAL SPRINGS, FL 33071
has named Jesse Fox
located at the aforesaid address, as its registered agent to accept service of process within this
state.
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 regis-
tered 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.
and developed the configuration of the configuratio
(Signature) 5 20/96 (Date)
(Signature) (Date)