P96000045668

TRANSMITTAL LETTER

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

0

700001E35707 -05/22/36--01124--023 *****131.25

SUBJECT:	CAPITAL PLUS, I				
30B3CC1.	Proposed corporate name - must include suffix)				
Enclosed is an origin for : \$70.00 Filing Fee	al and one (1) co \$78.75 Filing Fee & Certificate	py of the articles of incorporation a \$\begin{align*} \begin{align*} alig	ind a check		
FROM	EMILY J. BEECH		96		
	Name (printed or typed)				
	2210 LINCOLN AVE.		22	1	
		Address		Ü	
COCONUT GROVE, FL 33133			e 24 TATE OFIDA		
	C	City, State & Zip			
	(305) 8	(305) 856- 1638			
	Daytime	a Telephone number			

NOTE: PLEASE PETUPIN IN ENCLOSED EXPRESS MAIL
ENVELOPE. A SECOND COPY IS PROVIDED BECAUSE
IT IS UNICLEAR IF IT IS NEETED FOR CERTIFIED COPIES.

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

FILED 96 MAY 22 /M 0:24

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business (IDA Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

CAPITAL PLUS, INC.

ARTICLE II FRINCIPAL OFFICE

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

2210 LINCOLN AVE. COCONUT GROVE, FL 33133

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and address of the initial registered agent is:

EMYLY J. BEECH 2210 LINCOLN AVE. COCONUT GROVE, FL 33133

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

EMILY J. BEKK, 2210 LINCOLN AVE. COCONUT GROVE, FL. 33133

Notarization is not required

NCTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

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:	CAPITAL PLUS, INC.	,	ped
2.	The name and address of the regist	ered agent and office is:	<u> </u>	•
	EMILY	EMILY J. BEECH		o n
		(IVAME)	F 5 3	77 78 78 — 184,88
	2210 1	LINCOLN AVE.		ر ا
	(P.O. Bo	K OF Mail Drop Box NOT ACCEPTABLE)		_ Lu
	COCONT	Jr GROVE, FL 33133		
		(CITY/STATE/ZIP)		<u>ુ</u>

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.

MAQ 21, 1996
(SIGNATURE)

(DATE)