P96000045802

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

№ 53037

RE: Paper Leaf [illegible]
[illegible]

NAME
FIRM
ADDRESS

PHONE ( )

Service: Top Priority One Day Service ____ Regular Two Day Service ____

To us via ____ Return via ____

Mailer No.: ____ Express Mail No. ____

State Fee $ ____ Our $ ____

	C.O. FEE	STATE	DISBURSED
____ Capital Express℠			
✓ Art. of Inc. File			
____ Corp. Record Search			
____ Ltd. Partnership File			
____ Foreign Corp. File			
✓ ( ) Cert. Copy(s) [illegible]			
____ Art. of Amend. File			
____ Dissolution/Withdrawal			
____ O U S.			
____ Fictitious Name File			
____ Name Reservation			
____ Annual Report/Reinstatement			
____ 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 Prep.			
____ FAX ( ) pgs.			

SUBTOTALS ____

FILED
TALLAHASSEE, FLORIDA

[illegible]
-05/30/96--01021--030
*****70.00 ********5.00

FEE	
DISBURSED	
SURCHARGE	
TAX on corporate supplies	$
SUBTOTAL	$
PREPAID	$
BALANCE DUE	$
	$

RECEIVED
96 MAY 30 AM 10:09
DIVISION OF CORPORATIONS

[signature] GAVE
C.P. Corr
AUTHORIZATION BY PHONE TO
CORRECT add'l RA name
To co. chg of [illegible] RA
DATE
[illegible] PH

PH 5/30/96

REQUEST	TAKEN	CONFIRMED	APPROVED
DATE			
TIME	[signature]		CK No.
BY			

WALK-IN
Will Pick Up 5/30 12:00

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

11-2329-7 POIDER'S INC., THOMASVILLE, GA.

FILED

95 MAY 30 AM 11:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION OF

PAPER LEAF ENTERPRISES, CORP

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:

PAPER LEAF ENTERPRISES, CORP

ARTICLE II PRINCIPAL OFFICE

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

9150 W. ATLANTIC # 1713 CORAL SPRINGS FL 33071

ARTICLE III CAPITAL STOCK

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

500 SHARES AT $1.00 PAR VALUE

ARTICLE IV INITIALN REGISTERED AGENT AND ADDRESS

The name and address of the initial registration agent is :

GUSTAVO GUANIPA 9150 W ATLANTIC BLVD # 1713 CORAL SPRINGS FL 33071

ARTICLE V INCORPORATOR(S)

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

Gustavo Guanipa : 9150 W Atlantic Blvd Apt 1713 Coral Springs, FL 33071

Soraya Palis : 9150 W Atlantic Blvd Apt 1713 Coral Springs, FL 33071

The undersigned incorporator (s) has (have) executed these Articles of Incorporation this

28 day of 1996

Signature

Signature

Signature

96 MAY 30 AM 11:08

TALLAHASSEE, FLORIDA

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA SUBMITS THE FOLLOWING STATEMENT IN DESIGNATION THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:

PAPER LEAF ENTERPRISES, CORP

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

GUSTAVO GUANIPA
9150 West Atlantic Blvd # 1713
(P.O Box not acceptable)

Coral Springs - FL 33071
(City /State /Zip)

having been named as registered agent and to accept service of process for the above stated PAPPPPPPPPPace designated in this certificate, i hereby accept the appointmentas registeree agent and agree to act in this capacity. I further agree to comply with provisions of all statutes relating to the proper and complete performance of my duties and Iam familiar with and accept the obligations of my position as registerd agent.

Signature

5/28/96
Date