417 E. Virginia St., Sulto 1, Tallahassee, FL 32301, (904)224-8870 Mailing Address: Post Office Box 10349, Tallahassee, FL 32302 TOLL FREE No. 1-800-342-8062 PAX (904) 222-1222

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	V	A (8150)	TAX on corporate supplies
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11-2529-7 PONDER'S INC., THOMASYILLE, GA.

WALK-IN

Will Pick Up.

THANK YOU from Your Capital Connection

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.

1 : PHA 11- NUL 36 112



FLORIDA DEPARTMENT OF STATE Sandra B, Mortham Secretary of State

June 3, 1996

CAPITAL CONNECTION, INC. P O BOX 10349 TALLAHASSEE, FL 32302

SUBJECT: CEJAM, INC. Ref. Number: W96000011475

(ETAM (JAX), INC.

We have received your document for CEJAM, INC. and check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

If you have any questions concerning the filing of your document, please call (904) 487-6915.

Pamela Hall Document Specialist

Letter Number: 496A00027675

BECEIVED

96 JUH-4 AM 9: 30

10 JUH-6 CORPORATION

Corrected

TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassae, FL 32314 SUBJECT: (cjam () (Proposed corporate name - must include suffix) Enclosed is an original and one (1) copy of the articles of incorporation and a check for: \$131.25 **7** \$78.75 \$122.50 \$70.00 Filing Fee, Certified Copy & Certificate Filing Fee & Certificate Filing Fee Filing Foo & Certified Copy **Additional Copy Required** FROM: Edward Muera Name (printed or typed) 33/0 Bowers Lane Address Jacksonville, FL 32257 City, State & Zip 904 731 8310 Daytime Telephone number

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

ARTICLES OF INCORPORATION

FILED

96 JUN -1, AM 9: 13

____SECRETARY OF STATE
The undersigned incorporator(s), for the purpose of forming a corporation under the FANALABAGES. FLORIDA
Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Cejam (Jax), Inc.

ARTICLE II PRINCIPAL OFFICE

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

3310 Bowers Lane Jacksonville, FL 32257

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:

Edward Myers 3310 Bowers Lane Jacksonville, FL 32257

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):

Edward Ayers- President 3310 Bowers Lane Jacksonville, FL 32257

Ari Myera- Vice President 83 Rymahaw Drive Palm Coust, Fl 32/37

The undersigned inc	corporator(s) has(have) executed these	Articles of Incorporation this
_28th day of	May	, 19 <u>96</u>	 •
(An additional article	e must be added i	f an effective date is r	equested.)
	Unnes	Signature	
		Signature	
		Signature	

Notarization is not required

NOTE: 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

FILED

96 JUN -1 AM 9: 13

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

1.	The name of the corporation is: Cejam (Jax), Inc.
2.	The name and address of the registered agent and office is:
	Edward Myera (NAME)
	(P.O. Box or Mail Drop Box NOT ACCEPTABLE)
	Gacksonville, FL 32257 (CITY/STATE/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.

Short (Signature) 5/28/96 (Date)

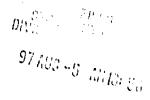
P96000046949

	/ CEJAM CONSTRUCTION	
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City/Str	nte/Zip Phone #	_
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CR2E031(1/95)

Examiner's Initials

ARTICLES OF DISSOLUTION



Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST:	The name of the corporation is: CELAN (JAX) Inc.
SECOND:	The date dissolution was authorized: UUU 31 1997
THIRD:	Adoption of Dissolution (CHECK ONE)
Disse was	olution was approved by the shareholders. The number of votes cast for dissolution sufficient for approval.
Disse	olution was approved by vote of the shareholders through voting groups.
Ti en	he following statement must be separately provided for each voting group attitled to vote separately on the plan to dissolve:
The	number of votes cast for dissolution was sufficient for approval by
	CEJAM JAX, Inc.
Signed	this 15t day of AUQUST 19 97
Signature _	(By the Chairman or Vice Chairman of the Board, President, or other officer)
	Edward Hyers (Typed or printed name)
	President (Tide)
	•