

P96000048668

CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904) 224-0870
 Mailing Address: Post Office Box 10349, Tallahassee, FL 32302
 TOLL FREE No. 1-800-342-0062
 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 \$ _____

RE: Paul Montgomery
Studio, Inc.

	C.C. FEE	DISBURSED
☐ Capital Expense™		
☒ Art. of Inc. Filing		
☐ Corp. Record Search		
☐ Ltd. Partnership Filing		
☐ Foreign Corp. Filing		
☒ () Cert. Copy(s)		
☐ Art. of Amend. Filing		
☐ Dissolution/Withdrawal		
☐ O U B.		
☐ Fictitious Name Filing		
☐ Name Reservation		
☐ Annual Report/Reinstatement		
☐ Reg. Agent Service		
☐ Document Filing		
☐ Corporate Kit		
☐ Vehicle Search		
☐ Driving Record		
☐ Document Retrieval		
☐ UCC 1 or 3 Filing		
☐ UCC 11 Search		
☐ UCC 11 Retrieval		
☐ File No.'s _____ Copies		
☐ Courier Service		
☐ Shipping/Handling		
☐ Phone () _____		
☐ Top Priority		
☐ Express Mail Prep.		
☐ FAX () _____ pgs.		

SUBTOTALS

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

F. ONESSER JUN 7 1996

REQUEST _____ TAKEN _____ CONFIRMED _____ APPROVED _____
 DATE _____
 TIME _____
 BY _____ CK No. _____

WALK-IN 6/7 12:00
 Will Pick Up _____

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, 10% per Annum.

THANK YOU
 from
 Your Capital Connection

ARTICLES OF INCORPORATION
of
PAUL MONTGOMERY STUDIO, INC.

FIRST:

The name of the Corporation shall be PAUL MONTGOMERY STUDIO, INC. The principal mailing address of the corporation is 1605 Main Street, Suite 1001, Sarasota, Florida 34236.

SECOND:

The purposes for which the corporation is formed are any and all lawful purposes for which a corporation may be formed pursuant to the laws of the State of Florida and the United States.

THIRD:

The corporation shall be authorized and empowered to issue TEN THOUSAND (10,000) shares of common stock.

FOURTH:

The mailing address of the Registered Office of the Corporation is 1605 Main Street, Suite 1001, Sarasota, Florida 34236.

FIFTH:

The registered agent for the corporation shall be:

STANLEY A. GOLDSMITH
1605 Main Street, Suite 1001
Sarasota, Florida 34236

SIXTH:

To the incorporator of PAUL MONTGOMERY STUDIO, INC.:

I understand my obligations as your Registered Agent and hereby accept appointment as your Registered Agent in accordance with F.S. 48.091.

6/4/96
Date

Stanley A. Goldsmith
Stanley A. Goldsmith

SEVENTH:

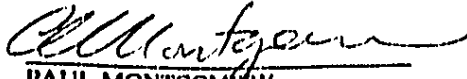
The initial Board of Directors of the corporation shall consist of one (1) member:

PAUL MONTGOMERY
4662 Ashton Road
Sarasota, Florida 34233

FILED
96 JUN -7 AM 10:59
TALLAHASSEE FLORIDA

EIGHTH:

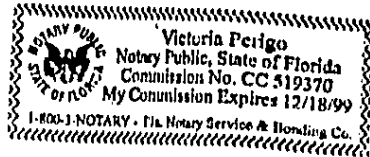
The incorporator of PAUL MONTGOMERY STUDIO, INC., who by his signature hereby acknowledges the adoption of these Articles of Incorporation, is:

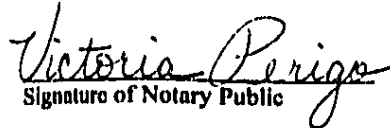

PAUL MONTGOMERY
4662 Ashton Road
Sarasota, Florida 34233

FILED
96 JUN -7 AM 10:59
TALLAHASSEE, FLORIDA

STATE OF FLORIDA)
COUNTY OF SARASOTA) ss:

The foregoing Articles of Incorporation of PAUL MONTGOMERY STUDIO, INC., were acknowledged before me this 4th day of June, 1996, by STANLEY A. GOLDSMITH as registered agent. He is personally known to me or has produced NA as identification and did not take an oath. If no type of identification is indicated, the above-named person is personally known to me.

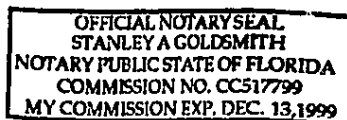



Signature of Notary Public

VICTORIA PERIGO
Print Name of Notary Public

I am a Notary Public of the State of
Florida and my commission
expires on _____.

The foregoing Articles of Incorporation of PAUL MONTGOMERY STUDIO, INC., were acknowledged before me this 4th day of June, 1996, by PAUL MONTGOMERY, as incorporator. He is personally known to me or has produced _____ as identification and did not take an oath. If no type of identification is indicated, the above-named person is personally known to me.




Signature of Notary Public

STANLEY A GOLDSMITH
Print Name of Notary Public

I am a Notary Public of the State of
Florida and my commission
expires on 12/13/99