296000	55 <i>5614</i>
CAPITAL CONNECTION, INC. 17 E. Virginia St., Suite 1, Tallaliassee, FL 32301, (904)224-8870 Mailing Address: Post Office Box 10349, Tallaliassee, FL 32302 TOLL FREE No. 1-800-342-8062 FAX (904) 222-1222	RE: FAX TRAduction
	1

Mailing Address: Post Office Box 10349, Tallaliassee, Fl. 32302	RE: FAX RADUCTIVE.
TOLL FREE No. 1-800-342-8062	land (mg
FAX (904) 222-1222	
	c.o. ree. 🔛 dignungeo
NAME	Art. of Inc. Pilo
And I describe the	Corp. Placord Sanich
	Ltd. Portnerable File
ADDRESS	Foreign Corp. File
	C=() Cort. Copy(a)
	A A A A A A A A A A A A A A A A A A A
PHONE ()	Art. of Amend. File Dissolution/Withdrawa) 511. [101] [101] [101] [101] [101]
	Dissolution/Withdrawa)
Bervice: Top Priority	Fictitious Namo File +++++ 122.50 +55+122.50
One Day Service Two Day Service	
To us via Roturn via	Name Reservation
TO US YALL	Annual Report/Relastatement
Muller No. 1 France Adult No.	Itag. Agant Sarvice
Mailer No.: Express Mail No	Document Filing
But to Pour 6	Andrews of the
Stato Feo \$ Our \$	Corporate Kit Vehicle Search
	and the second
	Degrapa Huldard
	Document Hothovali
	UCC 1 or 3 File
	UCC 11 Sourch
	UCC 11 Ratrioval
	File No.'s,Copies
	Courlor Service
	Shipping/Handling Phone ()
	Top Priority
	Express Mail Prep.
	—— FAX () pgs.
	SUBTOTALS
	FEE
	DISBURSED
P. Dentes Sept. 1900 2 4 1996	CURCUARCE
2 4 1996	SURCHARGE
	TAX on corporate supplies\$
	•
REQUEST TAKEN, CONFIRMED APPROVED	SUBTOTAL\$
(al) 4/a/a	PREPAID\$
DATE UNIX 7/94	
TIME 10.00 CK No	BALANCE DUE\$
~ (Y)	
ву	<u> </u>
	Please remit invoice number with payment
WALK-IN WIII Pick Up	TERMS: NET 10 DAYS FROM INVOICE DATE THANK YOU

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

52602

11-2529-7 PONDER & INC., THOMASVILLE, GA.

ARTICLES OF INCORPORATION

OF

FAX TRADER, INC.

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I: NAME

The name of the corporation is FAX TRADER, INC.

ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of the corporation is 2771 N.E. 14 Street, Fort Lauderdale, FL 33304.

ARTICLE III: CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is five hundred (500) common shares having a par value of (\$1.00) per share.

ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is Gail Sullivan, 2771 N.E. 14 Street, Fort Lauderdale, FL 33304.

ARTICLE V: INCORPORATOR

The name and address of the incorporator of these Articles of Incorporation is Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL 32301.

ARTICLE VI: INITIAL BOARD OF DIRECTORS

The name and address of the initial Board of Directors of the corporation is Pres., Sec., Treas., Chair., Gail Sullivan, 2771 N.E. 14 Street, Fort Lauderdale, FL 33304.

ARTICLE VII: PRE-EMPTIVE RIGHTS

Every shareholder, upon the sale for cash of any new stock of this corporation, shall have the right to purchase his pro-rata share thereof at the price at which it is offered to others.

The undersigned has executed these Articles of Incorporation this 24th day of June 1996.

"Capital Connection, Inc. by Kim Crosson, Office Manager"

CERTIFICATE OF DESIGNATION REGISTERED OFFICE

Purnuent to the provisions of section 607,0501, Florida Statutes, the mentioned corporation, organized under the laws of the state of Florids, submits the following statement in designating the registered cities/registered agent, in the state of Florida.

1. The name of the corporation is:		
FAX TRADER, INC.	_	
2. The name and atroot address of the registered ag	141	1
UTTICO 101 GAIL SULLIVAN	= (= (
2771 N.E. 14 Streat		(D)
FOR+ Landendale, FL. 33	30	4

HAVING BEEN NAMED AS RECISTERED 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 ACENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER ACREE 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.

Jal Sull