

P 960000 61962

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

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: Scott Galloway Inc
Continuing Corp

<input checked="" type="checkbox"/> Capital Express™		
<input checked="" type="checkbox"/> Art. of Inc. Filing		
<input type="checkbox"/> Corp. Record Search		
<input type="checkbox"/> Ltd. Partnership Filing		
<input type="checkbox"/> Foreign Corp. Filing		
<input checked="" type="checkbox"/> () Cert. Copy(s)		
<input type="checkbox"/> Art. of Amend. Filing		
<input type="checkbox"/> Dissolution/Withdrawal		
<input type="checkbox"/> C U S.		
<input type="checkbox"/> Fictitious Name Filing		
<input type="checkbox"/> Name Reservation		
<input type="checkbox"/> Annual Report/Reinstatement		
<input type="checkbox"/> Reg. Agent Service		
<input type="checkbox"/> Document Filing		
<input type="checkbox"/> Corporate Kit		
<input type="checkbox"/> Vehicle Search		
<input type="checkbox"/> Driving Record		
<input type="checkbox"/> Document Retrieval		
<input type="checkbox"/> UCC 1 or 3 Filing		
<input type="checkbox"/> UCC 11 Search		
<input type="checkbox"/> UCC 11 Retrieval		
<input type="checkbox"/> Filing No.'s, Copies		
<input type="checkbox"/> Courier Service		
<input type="checkbox"/> Shipping/Handling		
<input type="checkbox"/> Phone ()		
<input type="checkbox"/> Top Priority		
<input type="checkbox"/> Express Mail Prep.		
<input type="checkbox"/> FAX () pgs.		

SUBTOTALS

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

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

F. CHESLER JUL 24 1996

REQUEST	TAKEN	CONFIRMED	APPROVED
DATE	7/24		
TIME	2:00		CK No.
BY	CD		

WALK-IN
Will Pick Up _____

CERTIFICATE OF INCORPORATION

-OF-

SCOTT GOLLOUB AIR CONDITIONING, INC.

WE, THE UNDERSIGNED, hereby associate ourselves together for the purpose of becoming a corporation under the Laws of the State of Florida, by and under the provisions of the Statutes of the said State of Florida

ARTICLE I

The name of the corporation shall be:

SCOTT GOLLOUB AIR CONDITIONING, INC.

ARTICLE II

The corporation may engage in any activity or business permitted under the laws of the United States and of the State of Florida.

ARTICLE III

The maximum number of shares of capital stock that this corporation is authorized to have outstanding at any time is FIVE HUNDRED (500) shares of common stock, having a par value of ONE (\$1.00) DOLLAR PER SHARE.

ARTICLE IV

The amount of capital with which this corporation will begin business shall be the sum of not less than FIVE HUNDRED (\$500.00) DOLLARS.

ARTICLE V

This corporation shall exist perpetually unless sooner dissolved according to law.

ARTICLE VI

The initial street address of the principal office of the corporation shall be:

4691 NORTH UNIVERSITY DR. #443

CORAL SPRINGS, FL. 33067

FILED
55 JUL 24 PM 1:55
TALLAHASSEE, FLORIDA

ARTICLE VII

The number of Directors of this corporation shall be at least one (1) and no more than five (5).

ARTICLE VIII

The names and street addresses of the first Board of Directors of this Corporation are as follows:

SCOTT GOLLOUB 4691 NO. UNIVERSITY DR
.....

ARTICLE IX

The names and street addresses of the persons signing these Articles of Incorporation as subscriber is as follows:

SCOTT GOLLOUB 4691 NO. UNIVERSITY DR.
..... CORAL SPRINGS, FL.
.....

ARTICLE X

The corporate existence of this corporation shall begin on the date the Articles of Incorporation are filed of record.

IN WITNESS WHEREOF, the undersigned, _____

and _____

both being natural persons, competent to contract, has hereunto set their hand(s) and Seal(s) this _____

day of _____, 19 _____.

SM [Signature]

(SEAL)

(SEAL)

STATE OF FLORIDA)

COUNTY OF BROWARD)

BEFORE ME, the undersigned Notary Public of the State
of Florida, personally appeared _____,

and _____, to me well known and

known to me to be the individuals described in and who
executed the forgoing Articles of Incorporation, and they
acknowledged before me that they executed the same freely
and voluntarily for the purpose therein expressed.

WITNESS my hand and official seal this _____
day of _____, 19 _____.

(NOTARY SEAL)

Notary Public, State of Florida

CERTIFICATE DESIGNATING PLACE OF BUSINESS
OR DOMICILE FOR THE SERVICE OF PROCESS
WITHIN THIS STATE, NAMING AGENT UPON WHOM PROCESS
MAY BE SERVED.

In pursuance of Chapter 48.091, Florida Statutes, the following is submitted, in compliance with said act:

FIRST, That SCOTT GOLLOUB AIR CONDITIONING desiring to
organize under the laws of the State of Florida with its
principal offices as indicated in the Articles of
Incorporation, in the City of CORAL SPRINGS

County of BROWARD, State of Florida

has named SCOTT GOLLOUB

located at 4691 NORTH UNIVERSITY DR. #443

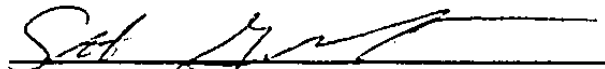
CORAL SPRINGS, Florida, 33067

as its agent to accept services of process within this
state.

ACKNOWLEDGEMENT

Having been named to accept service of process for
the above stated corporation, at the place designated in
this certificate, I hereby accept to act in this capacity,
and agree to comply with the provisions of said Act
relative to keeping open said office.

By:


Resident Agent SCOTT GOLLOUB

FILED
95 JUL 24 PM 1:55
CLERK OF DISTRICT COURT
JUL 24 1995
CLERK OF DISTRICT COURT