

**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 \$ \_\_\_\_\_

RECEIVED DATE  
8-13-96

RE: Thomas Plus Group

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

SUBTOTALS \_\_\_\_\_

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

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

WALK-IN Will Pick Up 8/15/96

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

ARTICLES OF INCORPORATION  
OF  
PRODUCERS PLUS GROUP, INC.

The undersigned, for the purpose of forming a corporation for profit under the laws of the State of Florida, hereby adopts the following Articles of Incorporation:

EFFECTIVE DATE  
8-13-96

ARTICLE I

The name of the corporation is PRODUCERS PLUS GROUP, INC.

ARTICLE II

The maximum number of shares of stock which the corporation is authorized to issue and have outstanding at any one time is 7,500 shares of common stock having a par value of \$1.00 per share.

ARTICLE III

The existence of the corporation shall be perpetual. Corporate existence shall commence on the date these Articles are executed and acknowledged, except that if they are not filed by the Department of State of the State of Florida within five (5) days, exclusive of legal holidays, after they are executed and acknowledged, corporate existence shall commence upon filing by the Department of State.

#### ARTICLE IV

The street address of the initial registered office of the corporation is 201 Alhambra Circle, Suite 1200, Coral Gables, Florida 33134 and the initial registered agent of the corporation at that address is Howard W. Gordon.

#### ARTICLE V

The mailing address of the corporation is located at 201 Alhambra Circle, Suite 1200, Coral Gables, Florida 33134.

#### ARTICLE VI

The name and street address of the member of the first Board of Directors of the corporation who shall hold office for the first year of the corporation's existence or until a successor is elected and has qualified is:

<u>Name</u>	<u>Address</u>
Marc Schoen	100 Miracle Mile, 2nd Floor Coral Gables, FL 33134

#### ARTICLE VII

The name and street address of each incorporator signing these articles is:

<u>Name</u>	<u>Address</u>
Howard W. Gordon	201 Alhambra Circle, Suite 1200 Coral Gables, Florida 33134

ARTICLE VIII

This corporation reserves the right to amend or repeal any provision contained in these Articles of Incorporation, and any right conferred upon the shareholders is subject to this reservation.

EXECUTED at Miami, Florida, this 13 day of August, 1996.

  
\_\_\_\_\_  
Howard W. Gordon, Incorporator

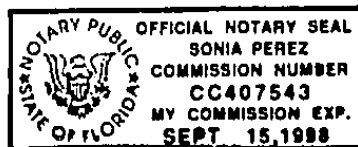
STATE OF FLORIDA     )  
                                  ) :ss  
COUNTY OF DADE     )

The foregoing instrument was acknowledged before me this 13 day of August, 1996 by Howard W. Gordon, ☒ who is personally known to me or ☐ who has produced \_\_\_\_\_ as identification.

  
\_\_\_\_\_  
Notary Public, STATE OF FLORIDA

Print Name: Sonia Perez

My Commission Expires:



**CERTIFICATE DESIGNATING RESIDENT AGENT  
AND REGISTERED OFFICE**

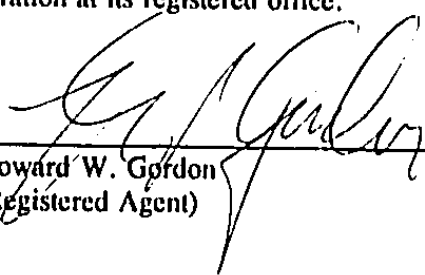
In accordance with Chapter 48.091, Florida Statutes, the following designation and acceptance is submitted in compliance thereof.

**DESIGNATION**

PRODUCERS PLUS GROUP, desiring to organize under the laws of the State of Florida, hereby designates Howard W. Gordon its registered agent and 201 Alhambra Circle, Suite 1200, Coral Gables, Florida 33134 as its registered office.

**ACCEPTANCE**

Having been named as registered agent for the above named corporation, I hereby agree to act in such capacity for such corporation at its registered office.

  
Howard W. Gordon  
(Registered Agent)