

P96000071031

CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904) 224-8070
 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 _____

Mailor No.: _____ Express Mail No. _____

State Fee \$ _____ Our \$ _____

RE: Florida Folks, Inc.

FILED 06/27/96

C.C. Fee. DISBURSED

☒ Capital Express™

☐ Art. of Inc. File _____

☐ Corp. Record Search _____

☐ Ltd. Partnership File _____

☐ Foreign Corp. File _____

☒ () Cert. Copy(s) _____

☐ Art. of Amend. File _____

☐ Dissolution/Withdrawal _____

☐ C U B. _____

☐ Fictitious Name File _____

☐ Name Reservation _____

☐ Annual Report/Statement _____

☐ Reg. Agent Service _____

☐ Document Filing _____

☐ Corporate Kit _____

☐ Vehicle Search _____

☐ Driving Record _____

☐ Document Retrieval _____

☐ UCC 1 or 3 File _____

☐ UCC 11 Search _____

☐ UCC 11 Retrieval _____

☐ File No.'s _____ Copies _____

☐ Courier Service _____

☐ Shipping/Handling _____

☐ Phone () _____

☐ Top Priority _____

☐ Express Mail Prep. _____

☐ FAX () _____ pgs.

SUBTOTALS _____

500001932295
 -08/27/96--01024--011
 ****122.50 ****122.50

REQUEST _____ TAKEN _____ CONFIRMED _____ APPROVED _____
 DATE 8/27/96 _____
 TIME 9:00 _____ CK No. _____
 BY CD _____

WALK-IN
 Will Pick Up _____

FEE.....

DISBURSED.....

SURCHARGE.....

TAX on corporate supplies.....

SUBTOTAL.....

PREPAID.....

BALANCE DUE.....

RECEIVED
 96 AUG 27 AM 8:07
 DIVISION OF CORPORATIONS

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

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

ARTICLE I NAME

The name of the corporation shall be:

FloridaFolks, Inc.
The Registered Agent Shall Be:
Mary L. Poole
2887 Downing Ct.
Palm Harbor, FL 34684

ARTICLE II PRINCIPAL OFFICE

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

The Principal Place of Business:	Mailing Address of Corporation
1300 Starkey Rd.	2887 Downing Ct.
Largo, FL 34647	Palm Harbor FL 34684

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

500 Shares at \$100.00 per Share

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

The Registered Agent Shall Be:
Mary L. Poole
2887 Downing Ct.
Palm Harbor, FL 34684

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):

Mary L. Poole
2887 Downing Ct.
Palm Harbor, FL 34684

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

21 st day of August, 1996.

Mary L. Poole
Signature

Signature

Signature

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**

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

1. The name of the corporation is: FloridaFolks, Inc.

2. The name and address of the registered agent and office is:

Mary L. Poole

(NAME)

2887 Downing Ct.

(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Palm Harbor, FL 34684

(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.

Mary L. Poole

(SIGNATURE)

8-21-96

(DATE)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314