Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: LONN	ectivity	Plus	nc.	
	Proposad carpalata (name - must include (ulfix) .V	196-16377 503
Enclosed is an originator:	I and one (1) co	py of the articles	of incorporation	and a check
Stiling Fea	\$78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy Additional Co	\$131.25 Filing Fee, Certified Copy & Certificate py Required	
FROM:	Name	C FROS		.1
	<u> </u>	Address	<u>eroroug</u>	1 HVE.
	TAMP.	A FL v. State & Zip	337015	
	813) Daytime	866-00 Telephone number	004	

NOTE: Please provide the original and one copy of the articles.





August 6, 1996

ANNE FROST 8488 W. HILLSBOROUGH AVE. TAMPA, FL 33615

SUBJECT: CONNECTIVITY PLUS INC. Rof. Number: W96000016377

We have received your document for CONNECTIVITY PLUS INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved entity. Names of administratively dissolved entities are not available for one year from the date of administrative dissolution unless the dissolved entity provides the Department of State with a notarized affidavit executed as required by section 607.0120, 617.01201, 608.5135 or 608.4482 Florida Statutes, permitting the immediate assumption or use of the name by another entity.

Simply adding "of Florida" or "Florida" to the end of a name does not constitute a difference.

When the document is resubmitted, please return a copy of this letter to ensure proper handling.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6927.

Kathy Hyman Document Specialist

Letter Number: 496A00037412

MEMO

To: Kathy Hyman, Document Specialist

From: Anne Frost

Subject: Connectivity Plus, Inc. Ref. #: W96000016377

Date: August 22, 1996

Per your letter of August 6th, enclosed please find my original application for the above entity name designation. I understand, after talking to your office, that "Connectivity Plus, Inc." should be available as of August 24th. I believe that my cheek is still in your possession, as it was not returned to me.

If there is any information/documentation needed, please call me at (813)882-9233 (collect is fine) and I will get it for you.

I look forward to receiving the incorporation papers. Thank you,



August 6, 1996

ANNE FROST 8488 W. HILLSBOROUGH AVE. TAMPA, FL 33615

SUBJECT: CONNECTIVITY PLUS INC. Ref. Number: W96000016377

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Kathy Hyman Document Specialist

Letter Number: 496A00037412

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.

The name of the corporation shall be:

Correctivity Pus Inc.

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

6029 Memorial Avenue

TAMPA, FL 33615

ARTICLE III SHARES

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

Seven Thousand five hundred (7500)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and address of the initial registered agent is:

Anne FROST 8488 W. HLLSBOROUGH AVE. TAMPH, FZ 332015

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):

Anne FROST 8488 W. HILLSBORDUGH AVE. TAMPA, FL 3365

_			ticles of Incorporation this
3/5 ^T day of _	JULY	, 19 <u>_9</u> (! .e
	anne	Lost.	President
		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:	Connectivity Plus Inc.			
2.	The name and address of the regis	tered agent and office is:			
	A	ne Frost (NAME)			
	84/ (P.O. Bo	NOT Mail Drop Box NOT ACCEPTABLE)			
		UPA, FL 33615			

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.

Jun Frost President 7-31-96
(SIGNATURE) (DATE)