

# P96000015311

**CAPITAL CONNECTION, INC.**

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904) 222-0070  
 Mailing Address: Post Office Box 10349, Tallahassee, FL 32302  
 TOLL FREE No. 1-800-342-8002  
 FAX (904) 222-1222

NAME \_\_\_\_\_  
 FIRM \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 \_\_\_\_\_

PHONE ( ) \_\_\_\_\_

Service: Top Priority \_\_\_\_\_ Regular \_\_\_\_\_  
 One Day Service \_\_\_\_\_ Two Day Service \_\_\_\_\_

Out Vln \_\_\_\_\_ Return vln \_\_\_\_\_

Letter No. \_\_\_\_\_ Express Mail No. \_\_\_\_\_

late Fee \$ \_\_\_\_\_ Our \$ \_\_\_\_\_

1001 001 COL 103, Inc.

	U.O. FEE	DISBURSED
Capital Express™		
Att. of Inv. File		
Corp. Record Search		
Ltd. Partnership File		
Foreign Corp. File		
( ) Unit. Copy(s)		
Att. of Amend. File	1 964 4 04 16	
Cancellation/Withdrawal	33941 204-01001-000	XXXXX122.50
O O B	XXXXX735.00	
Multilane Name File		
Name Reservation		
Annual Report/Statement		
Heg. Agent Service		
Document Filing		
Corporate Kit		
Vehicle Search		
Driving Record		
Document Retrieval		
UCC 1 or G File		
UCC 11 Search		
UCC 11 Retrieval		
File No.'s, Copies		
Courier Service		
Shipping/Handling		
Phone ( )		
Top Priority		
Express Mail Prep.		
FAX ( ) pg.		

SUBTOTALS \_\_\_\_\_

96 SEP 10 AM 9:52	96 SEP 10 AM 9:52	FILED
SEARCH & INDEX OF STATE	TALLAHASSEE, FLORIDA	
REPAID		
BALANCE DUE		

REQUEST TAKEN  
 DATE 9/10/96  
 TIME 3:00  
 BY CD

WALK-IN WILL PICK UP \_\_\_\_\_

Please remit invoice number with payment  
 TERMS: NET 30 DAYS FROM INVOICE DATE  
 1 1/2% per month on Past Due Amounts  
 Past 30 Days, 15% per Month

THANK YOU  
 from  
 Your Capital Connection

FILED  
96 SEP 10 AM 9:52  
SPECIALTY OF STATE  
TALLAHASSEE, FLORIDA

# **ARTICLES OF INCORPORATION OF OO/COL/03, 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 **OO/COL/03, INC.**

## **ARTICLE II: PRINCIPAL OFFICE**

The principal place of business and mailing address of the corporation is 4200 Wackenhet Drive, #100, Palm Beach Gardens, FL 33410-4243.

## **ARTICLE III: CAPITAL STOCK**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is one hundred thousand (100,000) shares having a par value of (\$.01) per share.

## **ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS**

The name and address of the initial registered agent is James P. Rowan, c/o The Wackenhut Corporation, 4200 Wackenhut Drive, #100, Palm Beach Gardens, FL 33410-4243.

## **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 each member of the initial Board of Directors of the corporation is

George R. Wackenhut

Richard R. Wackenhut

Robert C. Kneip

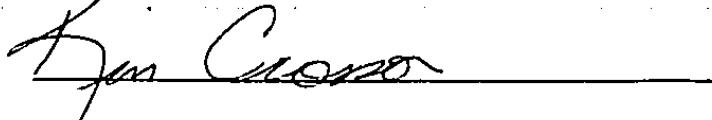
Terrance A. Mayotte

Sandra L. Nusbaum

4200 Wackenhut Drive, #100, Palm Beach Gardens, FL 33410-4243.

The undersigned has executed these Articles of Incorporation this 10th day of September 1996.

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



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CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 607.0501, Florida Statutes, the mentioned 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: OO/COL/03, INC.

2. The name and street address of the registered agent and office is: JAMES P. ROWAN

THE WACKERHUT CORPORATION

4200 WACKERHUT DRIVE

PALM BEACH GARDENS, FL 33410-4243

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.



JAMES P. ROWAN