

# P96000075322

## CAPITAL CONNECTION, INC.

417 N. Virginia St., Suite 1, Tallahassee, FL 32301, (904) 224-0070  
 Mailing Address: Post Office Box 10349, Tallahassee, FL 32302  
 TOLL FREE No. 1-800-342-8062  
 FAX (904) 222-1222

TO: OD/FL/O.D., INC.

NAME \_\_\_\_\_  
 FIRM \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 PHONE ( ) \_\_\_\_\_

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

to us via \_\_\_\_\_ Return via \_\_\_\_\_

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

late Fee \$ \_\_\_\_\_ Out \$ \_\_\_\_\_

|                                                        | U.O. FEE | DISBURSED |
|--------------------------------------------------------|----------|-----------|
| <input checked="" type="checkbox"/> Capital Express™   |          |           |
| <input checked="" type="checkbox"/> Art. of Inc. File  |          |           |
| <input type="checkbox"/> Corp. Record Search           |          |           |
| <input type="checkbox"/> Ltd. Partnership File         |          |           |
| <input checked="" type="checkbox"/> Foreign Corp. File |          |           |
| <input checked="" type="checkbox"/> ( ) Cert. Copy(s)  |          |           |
| <input type="checkbox"/> Art. of Amend. File           |          |           |
| <input type="checkbox"/> Dissolution/Withdrawal        |          |           |
| <input type="checkbox"/> U.O. _____                    |          |           |
| <input type="checkbox"/> Fictitious Name File          |          |           |
| <input type="checkbox"/> Name Reservation              |          |           |
| <input type="checkbox"/> Annual Report/Statement       |          |           |
| <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"/> UOD 1 or 3 File               |          |           |
| <input type="checkbox"/> UOD 11 Search                 |          |           |
| <input type="checkbox"/> UOD 11 Retrieval              |          |           |
| <input type="checkbox"/> FEE 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.....                 |  |
| CHARGE.....                    |  |
| TAX on corporate supplies..... |  |
| SUBTOTAL.....                  |  |
| PREPAID.....                   |  |
| BALANCE DUE.....               |  |

REQUEST \_\_\_\_\_ TAKEN \_\_\_\_\_ CONFIRMED \_\_\_\_\_ APPROVED \_\_\_\_\_  
 DATE 9/10/96  
 TIME 3:00  
 BY CD  
 CK No. \_\_\_\_\_

WALK-IN  
 Will Pick Up \_\_\_\_\_

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

96 SEP 10 PM 3:38  
 FILED  
 SEP 10 - AM 10:06  
 TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION**

**OF**

**OO/FL/02, INC.**

FILED  
96 SEP 10 AM 10:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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/FL/02, INC.**

**ARTICLE II: PRINCIPAL OFFICE**

The principal place of business and mailing address of the corporation is 4200 Wackenhut 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"

  
\_\_\_\_\_

CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE

FILED  
96 SEP 10 AM 10:06  
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/FL/02, INC.

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

THE WACKENHUT CORPORATION

4200 WACKENHUT 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