

# 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 \$ \_\_\_\_\_

REQUEST TAKEN CONFIRMED APPROVED

DATE 9/11/96 \_\_\_\_\_

TIME 1:00 \_\_\_\_\_ CK No. \_\_\_\_\_

BY CD \_\_\_\_\_

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

RE: ESOL 1-27-45-0022

Corporation

|                                                         | O.O. FEE.          | DISBURSED |
|---------------------------------------------------------|--------------------|-----------|
| <input type="checkbox"/> Original Express <sup>TM</sup> |                    |           |
| <input checked="" type="checkbox"/> Art. of Inc. File   |                    |           |
| <input type="checkbox"/> Corp. Record Search            |                    |           |
| <input type="checkbox"/> Ltd. Partnership File          |                    |           |
| <input type="checkbox"/> Foreign Corp. File             |                    |           |
| <input type="checkbox"/> Cert. Copy(s)                  | 1-30001-944871     |           |
| <input type="checkbox"/> Art. of Amend. File            | 09/11/96-01073-021 |           |
| <input type="checkbox"/> Dissolution/Withdrawal         | ***350.00          | ***70.00  |
| <input type="checkbox"/> O U S                          |                    |           |
| <input type="checkbox"/> Fictitious Name File           |                    |           |
| <input type="checkbox"/> Name Reservation               |                    |           |
| <input type="checkbox"/> Annual Report/Reinstatement    |                    |           |
| <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"/> UCC 1 or 3 File                |                    |           |
| <input type="checkbox"/> UCC 11 Search                  |                    |           |
| <input type="checkbox"/> UCC 11 Retrieval               |                    |           |
| <input type="checkbox"/> File 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.                   |                    |           |
| <b>SUBTOTALS</b>                                        |                    |           |

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

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**

**Esoil 1-27-45-0022 Corporation**

FILED  
96 SEP 11 AM 8:10  
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 **Esoil 1-27-45-0022 Corporation**

**ARTICLE II: PRINCIPAL OFFICE**

The principal place of business and mailing address of the corporation is 2655 S. LeJeune Rd., PH 1C, Coral Gables, FL 33134.

**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 (100) shares having a no par value.

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

The name and address of the initial registered agent is Anthony J. Estevez, 2655 S. LeJeune Road, Suite PH 1C, Coral Gables, Florida 33134.

#### **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 the initial Board of Directors of the corporation is Anthony J. Estevez, 2655 S. LeJeune Rd., Suite PH 1C, Coral Gables, Florida 33134.

The undersigned has executed these Articles of Incorporation this 11th day of September 1996.

"Capital Connection, Inc. by Crystal Dugger, Assistant Office Manager"

Crystal Dugger

CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE

96 FILED  
SEP 11 AM 8:10  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

Pursuant to the provisions of section 607.050  
Statute, 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: EB011 1-27-45-0022

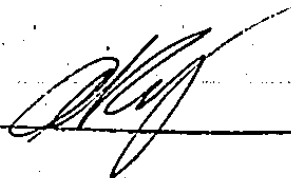
Corporation

2. The name and street address of the registered agent and  
office is: Anthony J. estevez

2655 So LeJeune Road, PH 1C

Coral Gables, Florida 33134

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.

  
\_\_\_\_\_