P96000075736

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 ______ One Day Service   Regular ______ Two Day Service

To us via ______ Return via ______

Matter No.: ______ Express Mail No. ______

State Fee $ ______ Our $ ______

RE: ESoil 1-27-45-0022
Corporation

	C.C. FEE	DISBURSED
____ Capital Express™		
✓ Art. of Inc. File		
____ Corp. Record Search		
____ Ltd. Partnership File		
____ Foreign Corp. File		
~~( ) Cert. Copy(s)~~ Photo	100001941271 -09/11/96--01073--021	
____ Art. of Amend. File	****350.00	*****70.00
____ Dissolution/Withdrawal		
____ O U S.		
____ Fictitious Name File		
____ Name Reservation		
____ Annual Report/Reinstatement		
____ 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 ______

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

RECEIVED 96 SEP 11 ...
DIVISION OF CORPORATIONS

FEE	$
DISBURSED	$
SURCHARGE	$
TAX on corporate supplies	$
SUBTOTAL	$
PREPAID	$
BALANCE DUE	$
	$

	REQUEST TAKEN	CONFIRMED	APPROVED
DATE	9/11/96		
TIME	1:00		CK No.
BY	CD		

WALK-IN
Will Pick Up ______ [signature] 9/12

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 L Dugger

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

FILED
96 SEP 11 AM 8:10
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: Enoil 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.