

# PP6000076070

**CAPITAL CONNECTION, INC.**

217 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904) 224-0020  
 Mailing Address: Post Office Box 10349, Tallahassee, FL 32302  
 TOLL FREE No. 1-800-348-0002  
 FAX (904) 222-1222

I Vmerg Inc.

NAME \_\_\_\_\_

FIRM \_\_\_\_\_

ADDRESS \_\_\_\_\_

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

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

US VIN \_\_\_\_\_ Return VIN \_\_\_\_\_

Seller No. \_\_\_\_\_ Express Mail No. \_\_\_\_\_

Ship Fee \$ \_\_\_\_\_ Our \$ \_\_\_\_\_

JKT

JL

QUEST TAKEN CONFIRMED APPROVED

DATE \_\_\_\_\_

RE: \_\_\_\_\_ OK No. \_\_\_\_\_

ALK-III

III Pick Up \_\_\_\_\_

9/12 1:00 AM; 9/12

	U.O. FILED	DISBURSED
Capital Express		
Alt. of Inv. File		
Corp. Record Search		
Ltd. Partnership File		
Foreign Corp. File		
Corporation Copy(s)	Photo	
Alt. of Amend. File		
Discontinu/Wthdrawal		
DOB	G/S	
Mistaken Name File		
Flight Reservation		
Annual Report/Statement		
Reg. Agent Service		
Document Filing		
Corporate Kit	SEARCHED	SEARCHED
Vehicle Search	09/12/96	01/03/97
Driving Record	SEARCHED	SEARCHED
Document Retrieval	09/12/96	01/03/97
UUU I or O File	96	SEP 12
UUU II Search	96	SEP 12
UUU II Retrieval	96	SEP 12
File No.'s, _____ Copies	FILED	FILED
Courier Service	FILED	FILED
Shipping/Handling	FILED	FILED
Phone ( )	AMICO	AMICO
Top Priority	FILED	FILED
Express Mail Item	FILED	FILED
FAX( ) pg.	FILED	FILED
<b>SUBTOTALS</b>		
Fee.....		SEARCHED
Disbursed.....		SEARCHED
Balance.....		SEARCHED
TAX on corporate supplies.....		SEARCHED
<b>SUBTOTAL</b>		
Paid.....		
Balance Due.....		

Please remit invoice number with payment  
 10% M/S, Net 10 Days from Invoice Date  
 1 1/2% per month on Final Due Amounts  
 Past 30 Days, 10% per Month.

THANK YOU  
 from  
 Your Capital Connection

## 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.*

96 SEP 12 PM 4:25  
FILED  
SACRAMENTO STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**  
The name of the corporation shall be: IVMEG Inc.

The specific nature of the business is wholesale distribution.

**ARTICLE II PRINCIPAL OFFICE**  
The principal place of business and mailing address of this corporation shall be:

2010 5th Ave. North, St. Petersburg, FL 33713.

**ARTICLE III SHARES**  
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 par value of (\$1.00) per share.

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

Iric Vonn Spears, 2010 5th ave. North, St. Petersburg, FL 33713.

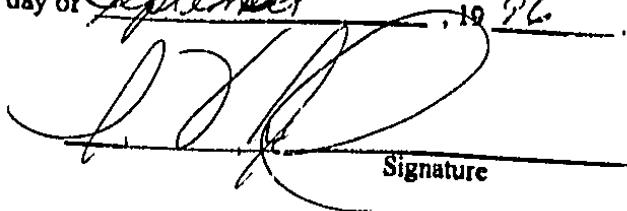
**ARTICLE V INCORPORATOR(S)**

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Eric Vonn Spears, President

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this  
5<sup>th</sup> day of September, 1996.



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: IVMEG Inc.

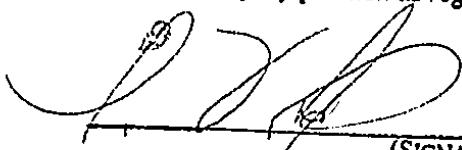
2. The name and address of the registered agent and office is:

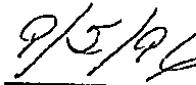
Eric Vonn Spears  
(NAME)

2010 5th Ave. North  
(P.O. Box or Mail Drop Box NOT ACCEPTABLE)

St. Petersburg, Fl 33713  
(City/STATE/Zip)

*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.*

  
(SIGNATURE)

  
(DATE)