

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 \$ _____

RE: Shannon S. P. Jones

	O.C. FEE.	DISBURSED
<input type="checkbox"/> Capital Express™		
<input checked="" type="checkbox"/> Art. of Inc. Fila		
<input type="checkbox"/> Corp. Record Search		
<input type="checkbox"/> Ltd. Partnership Fila		
<input type="checkbox"/> Foreign Corp. Fila		
<input checked="" type="checkbox"/> () Cert. Copy(s)		
<input type="checkbox"/> Art. of Amend. Fila		
<input type="checkbox"/> Dissolution/Withdrawal		
<input type="checkbox"/> O U B.		
<input type="checkbox"/> Fictitious Name Fila		
<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 Fila		
<input type="checkbox"/> UCC 11 Search		
<input type="checkbox"/> UCC 11 Retrieval		
<input type="checkbox"/> Fila 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.		

706661-15532
 -09/12/96-01063-029
 ***122.50 ***122.50

SUBTOTALS

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

REQUEST TAKEN CONFIRMED APPROVED
 DATE _____
 TIME _____ CK No. _____
 BY AAK

WALK-IN Will Pick Up 9-12 300

AB 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
SANGAM SOFT, INC.

FILED
96 SEP 12 PM 4:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned, acting as Incorporator(s) pursuant to Chapter 607 of the Florida Statutes, adopt(s) the following Articles of Incorporation.

ARTICLE I. NAME

The name of this Corporation is SANGAM SOFT, INC.

ARTICLE II. DURATION

The period of its duration is perpetual, beginning from the date these Articles are filed with the State of Florida, Secretary of State.

ARTICLE III. PURPOSE

The general purpose of the business to be transacted by this Corporation is profitable software producing and marketing and to engage in any activity or business permitted under the laws of the United States and the State of Florida, and to effectuate such purposes it may act in any capacity including as an agent or attorney-in-fact for any person or entity.

ARTICLE IV. CAPITAL STOCK

This Corporation is authorized to issue 10,000 shares of common stock, all of one class, with stated par value of Five Dollars (\$5.00), which will all be designated "common shares".

ARTICLE V. PREEMPTIVE RIGHTS

A. Each of the shareholders agrees not to sell, transfer, pledge, assign or otherwise in any way dispose of his or her shares

unless and until he or she shall have offered to sell his or her shares to the other shareholders at a fair and reasonable price.

D. All additional shares of common stock issued by the Corporation will be subject to the same restrictions regarding transferability as the initial stock.

E. The holders of common shares will be entitled to purchase newly issued stock proportionate to their respective holdings prior to the stock being offered to outside subscribers.

**ARTICLE VI. INITIAL PRINCIPAL OFFICE
AND MAILING ADDRESS OF CORPORATION**

The street address of the initial principal office of this Corporation is 14516 Laguna Beach Circle, Orlando, Florida, 32824.

The initial mailing address of this Corporation is 14516 Laguna Beach Circle, Orlando, Florida, 32824.

**ARTICLE VII. INITIAL REGISTERED AGENT
OF CORPORATION AND ADDRESS OF REGISTERED AGENT**

The name of the initial registered agent of this Corporation is Philip F. Bonus, Esquire, and the address of this initial Registered Agent is 170 East Washington Street, Orlando, Florida, 32801-2397.

ARTICLE VIII. INITIAL BOARD OF DIRECTORS

This Corporation will have two (2) directors initially. The number of directors may either be increased or diminished from time to time by the Bylaws but will never be less than one (1). The names and addresses of the initial directors of this Corporation are:

Mr. Swamy Shivananda
14516 Laguna Beach Circle
Orlando, Florida 32824

Mrs. Elko Shivananda
14516 Laguna Beach Circle
Orlando, Florida 32824

ARTICLE IX. INCORPORATOR

The name and address of the person signing these Articles as
Incorporator is:

Mr. Swamy Shivananda
14516 Laguna Beach Circle
Orlando, Florida 32824

ARTICLE X. BYLAWS

The power to adopt, alter, amend or repeal Bylaws will be
vested in the Board of Directors and the shareholders.

ARTICLE XI. MANAGEMENT BY SHAREHOLDERS

All corporate powers will be exercised by or under the
authority of, and the business affairs of this Corporation will be
managed under the direction of, the shareholders of this
Corporation.

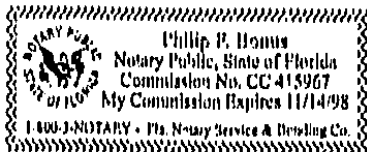
DATED: September 11, 1996

Swamy Shivananda

Mr. Swamy Shivananda, Incorporator

STATE OF FLORIDA
COUNTY OF ORANGE

The foregoing instrument was acknowledged before me this 11th day of September, 1996, by SWAMY SHIVANANDA, who is described as Incorporator, and who executed the foregoing Articles of Incorporation, and acknowledged before me that he subscribed to such Articles of Incorporation for the purposes therein described.



Philip P. Bonus
(Signature of Notary Public - State Florida)

Philip F. Bonus
(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known PS OR Produced Identification ✓
Type of Identification Produced Passport

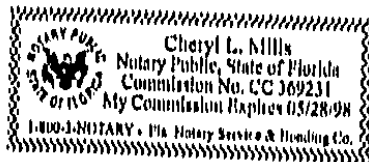
ACCEPTANCE OF DUTIES OF REGISTERED AGENT

I HEREBY ACCEPT the designation, duties, and responsibilities as REGISTERED AGENT of SANGAM SOFT, INC., and agree to comply with all provisions of the Florida Statutes, and/or any other applicable laws related thereto.

Philip F. Bonus
PHILIP F. BONUS, Registered Agent

STATE OF FLORIDA
COUNTY OF ORANGE

The foregoing instrument was acknowledged before me this 11th day of September, 1996, by PHILIP F. BONUS, described as the REGISTERED AGENT for SANGAM SOFT, INC., and who executed the foregoing designation as REGISTERED AGENT for the purposes therein expressed.



Cheryl L. Mills
(Signature of Notary Public - State Florida)

Cheryl L. Mills
(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known ☒ OR Produced Identification _____

Type of Identification Produced _____