

7960000 18724

CAPITAL CONNECTION, INC.

417 N. 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

RE: Thomas Inc

NAME _____
 FIRM _____
 ADDRESS _____

PHONE () _____

Service: Top Priority _____ Regular _____
 One Day Service Two Day Service

To us via _____ Return via _____

Mailor No.: _____ Express Mail No. _____

State Fee \$ _____ Our \$ _____

RECEIVED
 96 SEP 23 AM 9:18
 DIVISION OF CORPORATION

	O.C. 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 type="checkbox"/> Foreign Corp. File		
<input type="checkbox"/> () Cert. Copy(s)		
<input type="checkbox"/> Art. of Amend. File		
<input type="checkbox"/> Dissolution/Withdrawal		
<input type="checkbox"/> O U B.		
<input type="checkbox"/> Filitious Name File		
<input type="checkbox"/> Name Reservation		
<input type="checkbox"/> Annual Report/Restatement		
<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.		
SUBTOTALS		

180001225021
 -09/23/96-11020-019
 ****122.50 ****122.50

96 SEP 23 AM 11:57
 FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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

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

WALK-IN Will Pick Up 923 1100 PAK 9/23

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

ARTICLE OF INCORPORATION
OF
ISMAN, INC.

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96 SEP 23 AM 11:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned subscriber(s) to these Articles of Incorporation each natural person competent to contract, hereby associate themselves to form a corporation under the laws of the State of Florida.

ARTICLE I
NAME OF CORPORATION

The name of this corporation is: ISMAN, INC.

ARTICLE II
DURATION

This corporation is to have perpetual existence.

ARTICLE III
NATURE OF BUSINESS

The purpose of this corporation is to engage in any activity of business permitted under the laws of the United States and the State of Florida.

ARTICLE IV
CAPITAL STOCK

The corporation is authorized to issue Five Hundred (500) shares of all one class at One (\$1.00) Dollar each par value. The consideration to be paid for each share of stock shall be fixed by the Board of Directors.

ARTICLE V
CORPORATE ADDRESS

The initial street address of the State of Florida of the principal office of this corporation is as follows:

3397 S. W. Potts St.
Port St. Lucie, Fl. 34953

ARTICLE VI
INITIAL REGISTERED AGENT

The initial Register Agent of this corporation is as follows

LILIANA NUNEZ
3397 S. W. Potts St.
Port St. Lucie, Fl. 34953

**ARTICLE VII
INITIAL BOARD OF DIRECTORS**

This corporation shall have two Directors initially. The number of Directors may be either increased or decreased from time to time by an amendment or by By-Laws of the corporation in the manner provided by law, but shall never be less than one.

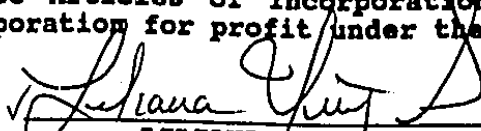
<u>Name</u>	<u>Address</u>
Liliana Nunez	3397 S. W. Potts St. Port St. Lucie, Fl. 34953
Yaneth Nunez	3397 S. W. Potts St. Port St. Lucie, Fl. 34953


**ARTICLE VIII
INCORPORATOR**

The name and address of the Incorporators signing these Articles of Incorporation are:

Liliana Nunez	3397 S. W. Potts St. Port St. Lucie, Fl. 34953
Yaneth Nunez	3397 S. W. Potts St. Port St. Lucie, Fl. 34953

IN WITNESS WHEREOF, the undersigned incorporator has executed these Articles of Incorporation, for the purpose of forming a corporation for profit under the laws of the State of Florida.


LILIANA NUNEZ


YANETH NUNEZ

STATE OF FLORIDA)

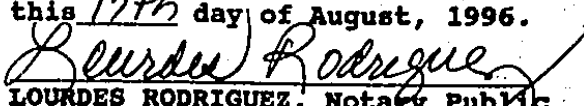
SS

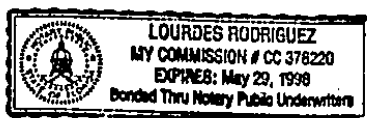
COUNTY OF DADE)

I HEREBY CERTIFY that on the 17th day of August, before me, Lourdes Rodriguez, a Notary Public duly authorized in the State and County above named to take acknowledgements, personally appeared Liliana Nunez, who produced Personally Known as identification, and Yaneth Nunez, who produced Personally Known as identification, and who executed the foregoing Articles of Incorporation, as incorporators and acknowledge before me that she subscribed to said Articles of Incorporation.

Witness my hand and seal this 17th day of August, 1996.

My Commission Expires:


LOURDES RODRIGUEZ, Notary Public



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REGISTERED AGENT CERTIFICATE

In pursuance of Chapter 48.091, Florida Statutes, the following is submitted, in compliance with said Act:

That ISMAN, INC. desiring to organize under the laws of the State of Florida, with its principal Offices as indicated in the Articles of Incorporation, in the City of Miami, County of Dade, State of Florida, has named Liliانا Nunez, address, 3397 S. W. Potts St., Port St. Lucie, Florida 34953, its registered agent to accept service of process.

ACKNOWLEDGEMENT

Having been named to accept service of process for the above stated corporation, at the place designated in this certificate, I hereby accept to act in this capacity and agree to comply with provisions of said Act relative to keeping said office open.

By: *Liliana Nunez*
Liliana Nunez

State of Florida
County of Dade

I HEREBY CERTIFY, that on this day before me, a Notary Public duly authorized in the State and County above named to take acknowledgements, personally appeared, Liliana Nunez, who has produced Personnel Drive as identification and who executed the Registered Agent Certificate.

WITNESS my hand and seal this 17th day of August 1996.

Lourdes Rodriguez
LOURDES RODRIGUEZ, NOTARY PUBLIC

My Commission Expires:

