

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 _____

Mailor No.: _____ Express Mail No. _____

State Fee \$ _____ Our \$ _____

RE: Lohman Subway #7586, Inc

	C.C. FEE.	DISBURSED
<input checked="" type="checkbox"/> Capital Express™		
<input checked="" type="checkbox"/> Art. of Inc. File		
<input checked="" type="checkbox"/> Corp. Record Search		
<input type="checkbox"/> Ltd. Partnership File		
<input type="checkbox"/> Foreign Corp. File		
<input checked="" type="checkbox"/> () Cert. Copy(s)		
<input type="checkbox"/> Art. of Amend. File		
<input type="checkbox"/> Dissolution/Withdrawal		
<input type="checkbox"/> C 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.		

SUBTOTALS _____

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

FILED
 RECEIVED
 96 OCT - 2 PM 3:59
 96 OCT - 2 PM 9:43
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 DIVISION OF CORPORATION

REQUEST _____ TAKEN _____ CONFIRMED _____ APPROVED _____
 DATE 10/2 _____
 TIME _____
 BY _____ CK No. _____

WALK-IN Will Pick Up 7:00 W

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



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

October 2, 1996

CAPITAL CONNECTION, INC.
417 E. VIRGINIA STREET
SUITE 1
TALLAHASSEE, FL 32301

SUBJECT: LOHMAN SUBWAY #7586, INC.
Ref. Number: W96000020784

We have received your document for LOHMAN SUBWAY #7586, INC. and check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent and registered office listed in your articles of incorporation must be consistent throughout the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6926.

Teresa Brown
Corporate Specialist

Letter Number: 296A00045055

RECEIVED
96 OCT -2 PM 3:20
DIVISION OF CORPORATION

*Corrected
Thanks!*

ARTICLES OF INCORPORATION

of

LOHMAN SUBWAY #7586, INC.

The undersigned, for the purpose of forming a corporation under the Florida Business Corporation Act, adopt the following articles of incorporation:

ARTICLE I. NAME

The name of this corporation is:

LOHMAN SUBWAY #7586, INC.

ARTICLE II. PRINCIPAL OFFICE

The street address of the initial principal office of the corporation is 121 Shady Trail, Palatka, FL 32177. The mailing address of the corporation is Rt 1, Box 6684, Palatka, FL 32177. The Board of Directors may, from time to time, move the principal office to any other address in Florida.

ARTICLE III. TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE IV. CAPITALIZATION

The aggregate number of shares that this corporation is authorized to have issued is 10,000 shares. Such shares shall be of a single class and be without par value.

ARTICLE V. REGISTERED OFFICE AND AGENT

The street address of the initial registered office of the corporation is 121 Shady Trail, Palatka, FL 32177 and the name of its initial registered agent at such address is Susan L. Lohman.

ARTICLE VII. INCORPORATORS

The name and address of each incorporator is:

<u>Name</u>	<u>Address</u>
Susan L. Lohman	Rt 1, Box 6684, Palatka, FL 32177

1st Executed by the undersigned at Bunnell, Florida on October
_____, 1996.

Susan L. Lohman
SUSAN L. LOHMAN

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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.

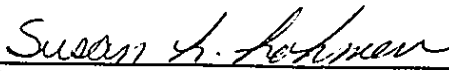
1. The name of the corporation is:

LOHMAN SUBWAY #7586, INC.

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

SUSAN L. LOHMAN
121 Shady Trail, Palatka, Florida, 32177

Having been named to 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.



SUSAN L. LOHMAN
REGISTERED AGENT

DATE: October 1, 1996

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA