19600083384 TRANSMITTAL LETTER

SECULIAR 27 PH 2: 10

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

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Enclo	sed is an origina	Il and one (1) co	ppy of the articles of incorpo	ration and a check	
	\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	Filing Fee Filing & Certified Copy Certified	d Copy ificate	
	FROM:	LINDA Name	OBRIEN (printed or typed)		
		2166 "C	C' ANCHORAGE LANE Address		
		MAPLE	S , FL , 34/04 y, State & Zip		
		<u>941 -</u> Daytime	649-6620 Telephone number	Sand Person har Rab-2729	

NOTE: Please provide the original and one copy of the articles.

96 SEP 27 PM 2: 10

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.

ARTICLE I NAME

The name of the corporation shall be: CAPE COMMUNICATIONS INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

CAPE COMMUNICATIONS INC. 2166 "C" Anchorage Lane Naples, FI 34104

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 of common stock, One Dollar (1.00) par value, of CAPE COMMUNICATIONS INC.

ARTICLE IV INITAL REGISTERED AGENT AND STREET ADRESS

Linda O'Brien 2166 "C" Anchorage Lanc Naples, Fl 34104

ARTICLE V INCORPORATORS

Gerald O'Brien 2166 "C" Anchorage Lane Naples, Fl 34104

Linda O'Brien 2166 "C" Anchorage Lane Naples, Fl 34104

The undersigned incorporators have executed these Articles of Incorporation this 19th day of August, 1996

Cianatura

Signature

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE 96 SEP 27

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THEOUNDERSIGNED 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.

The name of the corporation is:	CAPE	COM MUNICATIONS	MC.
	, -		

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

(NAME)

2166 C FINCHOLAGE LAWE

(P.O. BOX OF Mail Drop BOX NOT ASCEPTABLE)

NAME

(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.

Linka Brien 9/26/96
(SIGNATURE) (DATE)