

796000083139

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

RE: Tarjo, 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 \$ _____

	C.C. FEE.	DISBURSED
<input checked="" type="checkbox"/> Capital Express™		
<input 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 checked="" type="checkbox"/> (Cert. Copy(s) <u>photo</u>)		
<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 Resurrection		
<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		

SECRET
 -10/09/95--D1025--007
 *****70.00 *****70.00

FILED
 96 OCT -9 AM 10:14
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

REQUEST TAKEN CONFIRMED APPROVED
 DATE 10/9
 TIME _____ CK No. _____
 BY _____

WALK-IN Will Pick Up 9:30 20K

TAB 10/9

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

RECEIVED
 96 OCT -9 AM 9:49
 DIVISION OF CORPORATION

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

JarJo, Inc.

FILED
96 OCT -9 AM 10:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned natural person, for the purpose of incorporation under the laws of the State of Florida, providing for the formation, liabilities, rights, privileges and immunities of a corporation for profit, hereby adopts the following Articles of Incorporation:

ARTICLE I

NAME

The name of the corporation shall be:

JarJo, Inc.

ARTICLE II

PURPOSES

The general nature of business and the objects and purposes proposed to be transacted by this corporation, is any activity or business permitted under the laws of the State of Florida, and the laws of the United States of America.

ARTICLE III

CAPITAL STOCK

The amount of capital stock for this corporation shall be Three Hundred (300) shares of common stock at One Dollar (\$1.00) per share.

ARTICLE IV

CORPORATE EXISTENCE

This corporation shall have perpetual existence unless sooner dissolved according to law.

ARTICLE V

PRINCIPAL PLACE OF BUSINESS

The principal place of business of said corporation shall be 501 SE 39th Terrace, Ocala, FL 34471, with the privilege of having branch offices at other places within and without the State of Florida.

ARTICLE VI

NUMBER OF DIRECTORS

The number of directors of this corporation shall not be less than one or more than ten. There shall be one director of this corporation until the number thereof shall change under the by-laws of this corporation.

ARTICLE VII

FIRST BOARD OF DIRECTORS

This Corporation shall have one (1) director initially. The number of directors may be either increased or diminished from time to time by the by-laws, but shall never be less than one (1). The name and address of the initial director of this corporation is:

ROBERT W. SEMP
501 SE 39TH TERRACE
OCALA, FLORIDA 34471

ARTICLE VIII

SUBSCRIBERS

The name and address of the subscriber and the number of shares of stock and value thereof which he agrees to take are as follows:

<u>NAME AND ADDRESS</u>	<u>NO. OF SHARES</u>	<u>VALUE</u>
ROBERT W. SEMP 501 SE 39TH TERRACE OCALA, FL 34471	300	\$300.00

ARTICLE IX

OFFICERS OF THE CORPORATION

The following shall constitute and be the officers of the corporation for the first year or until their successors in office are qualified and elected:

<u>NAME</u>	<u>OFFICE</u>
ROBERT W. SEMP	President/Vice-President
MICHELLE M. SEMP	Secretary/Treasurer

ARTICLE X

INCORPORATORS

The name and address of the incorporator of this corporation is:

ROBERT W. SEMP
501 SE 39TH TERRACE
OCALA, FL 34471

ARTICLE XI

REGISTERED AGENT

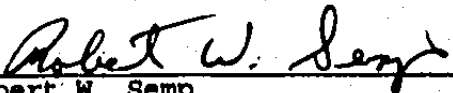
The name and address of the registered agent of this corporation is:

ROBERT W. SEMP
501 SE 39TH TERRACE
OCALA, FL 34471

The address of the registered office of the corporation shall be:

501 SE 39TH TERRACE
OCALA, FL 34471

IN WITNESS WHEREOF, I have hereunto set my hand and acknowledgement to be filed in the office of the Secretary of State, the foregoing Certificate of Incorporation, this the 7^m day of OCTOBER, 1996.


Robert W. Semp

STATE OF FLORIDA
COUNTY OF MARION

I HEREBY CERTIFY that on this day personally appeared before me the undersigned officer duly qualified to take acknowledgments, Robert W. Semp, to me well known to be the person described in and who acknowledged to me that he executed the foregoing Certificate of Incorporation as his free act and deed for the uses and purposes therein set forth.

WITNESS my hand and seal this 7^m day of October, 1996.


Notary Public



AGREEMENT TO ACT AS REGISTERED AGENT FOR

JarJo, Inc.

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.

10-7-96
DATE

Robert W. Semp
ROBERT W. SEMP
Registered Agent

FILED
96 OCT -9 AM 10: 14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA