CAPITAL CONNECTION, INC.
417 B. Virginia St., Suite 1, Tallabassee, FL 32301, (904)224-0070
Midling Address: Post Office Box 10349, Tallabassee, FL 32302 TOLL FREE No. 1-800-342-8062 FAX (904) 772-1222

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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 Irom Your Capital Connection

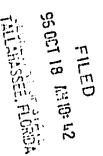


## FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

October 14, 1996

CAPITAL CONNECTION, INC. P.O. BOX 10349 TALLAHASSEE, FL 32302

SUBJECT: L.S. CONCANNON, P.A. Ref. Number: W96000021760



We have received your document for L.S. CONCANNON, P.A. 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 designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

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: 496A00046671

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### ARTICLES OF INCORPORATION OF L. B. CONCANNON, P.A.

The undersigned, who is duly licensed to practice law in the State of Florida, for the purpose of forming a professional corporation under Chapter 607 of the Florida Statutes and the Florida Professional Service Corporation Onet,

hereby adopts the following Articles of Incorporation. NAME: The name of the corporation is L.S. Concannon, P.A.

DURATION: The term of existence of the corporation is perpetual.

ARTICLE THREE PURPOSE: The purpose for which the corporation is organized is to practice the profession of Law.

ARTICLE FOUR PRINCIPAL OFFICE: The mailing address of the principal office of the corporation in this state is P.O. Box 533987, Orlando, Florida 32853 and the street address is 7050 Edgeworth Drivo, Orlando, Florida 32819.

CAPITAL STOCK: The aggregate number of shares which the corporation has authority to issue is One Thousand (1,000), all of which shall be common shares with a par value of One Dollar (\$1.00) per share.

ARTICLE SIX The minimum capital with which the corporation shall begin business is \$1,000.

 $\frac{\text{ARTICLE SEVEN}}{\text{DIRECTORS}}\colon \quad \text{The business of the corporation shall be managed by the shareholder of the corporation rather than by a Board of Directors.}$ 

ARTICLE RIGHT INCORPORATOR: The name and post office address of the Incorporator is: Lynnea S. Concannon, 7050 Edgeworth Drive, Orlando, FL 32819.

IN WITNESS WHEREOF, I have subscribed my name this \_\_\_\_ day of October, 1996.

Incorporator

STATE OF FLORIDA: COUNTY OF ORANGE:

On this day before me, a Notary Public duly authorized in the State and County named above to take acknowledgements, personally appeared Lynnea S. Concannon, who did not take an oath, and who is personally known to me to be the person described as the Incorporator in the forgoing ARTICLES OF INCORPORATION, and executed the ARTICLES OF INCORPORATION.

WITNESS my hand and seal at Orange County, Orlando, Florida this //t2day of October, 1996.

W MY COMMISSION EXPIRES: personally known O produced identification Printed Name of Notary Public Type: Epica-u, <del>LASIAK</del> - vi i i i Florida my oc 19, our 15 ore, 23, 1998

Comm. No. CC421323

# APPOINTMENT OF REGISTERED AGENT

OF

# L.S. Concannon, P.A.

Pursuant to Chapter 48.091, Florida Statutes, the above named corporation, desiring to organize under the laws of the State of Florida, with its principal office as indicated in the articles of incorporation has named the following address as its agent to accept service of process within the State of Florida:

Lynnea S. Concannon 7050 Edgeworth Drive Orlando, FL 32819

# ACKNOWLEDGEMENT

Having been named to accept service of process for the above named corporation, at the place designated in this certificate, I understand the requirements of the registered agent and hereby consent to act in that capacity. I agree to comply with the statute relating to maintaining the office for the purpose of accepting service of process.

Lynnea S. Concannon

# STATE OF FLORIDA: COUNTY OF ORANGE:

On this day before me, a Notary Public duly authorized in the State and County named above take acknowledgements, personally appeared Lynnea S. Concannon, who did not take an oath, and who is personally known to me to be the person described as the Incorporator in the forgoing ARTICLES OF INCORPORATION, and executed the ARTICLES OF INCORPORATION.

WITNESS my hand and seal at Orange County, Orlando, Florida this 10 day of October, 1996

militado inj maia ana scar ar	Orange County, Orlando, Piorida this [1]	day of October, 1996.
Notary Public State of Florida ERICA L. LABIAK Notary Public, State of Florida by Comm. Expires Dec. 23, 1998 Comm. No. CC421323 Printed Name of Notary Public	MY COMMISSION EXPIRES:  Dersonally known produced identification  Type:	96 OCT 18 AH 10: SLUBETARY OF STATE TALLAHASSEE, FLORIL
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