

# 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 \_\_\_\_\_

Matter No.: \_\_\_\_\_ Express Mail No. \_\_\_\_\_

State Fee \$ \_\_\_\_\_ Our \$ \_\_\_\_\_

**EFFECTIVE DATE**  
**OCT 20 1996**

REQUEST TAKEN CONFIRMED APPROVED

DATE \_\_\_\_\_

TIME \_\_\_\_\_ CK No. \_\_\_\_\_

BY AAK \_\_\_\_\_

WALK-IN Will Pick Up 10/21 1100

RE: Amaykar Enterprises

File

	C.C. FEE.	DISBURSED
<input 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 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.....	\$
	\$

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

EFFECTIVE DATE  
OCT 20 1996

FILED  
96 OCT 18 AM 8:52  
CLERK OF THE COURT  
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION  
OF  
NAMASKAR ENTERPRISES, INC.

I, the undersigned, hereby make, subscribe, acknowledge, and file with the Secretary of State of the State of Florida these Articles of Incorporation for the purpose of forming a corporation for profit in accordance with the laws of the State of Florida.

ARTICLE I

Name and Mailing Address

The name of this corporation shall be:

Namaskar Enterprises, Inc.

The address of the principal office and the mailing address of this corporation is:

3219 Tarpon Woods Boulevard  
Palm Harbor, Florida 34685

ARTICLE II

Existence of Corporation

This corporation shall begin existence on October 20, 1996, and shall have perpetual existence.

### ARTICLE III

#### Purposes

This corporation may engage in the transaction of any or all lawful business for which corporations may be incorporated under the laws of the State of Florida.

### ARTICLE IV

#### Powers

The corporation shall have all such powers as may be necessary or desirable to carry out the business of the Corporation, including, but not limited to all those powers enumerated by §607.0302, Florida Statutes (1993), as may be amended from time-to-time.

### ARTICLE V

#### Capital Stock

(a) The corporation shall have a single class of common stock, all having the same rights and privileges.

(b) The total number of shares of stock authorized to be issued by the corporation shall be 10,000 shares having a par value of \$1.00 per share. Each of the said shares of stock shall entitle the holder thereof to one (1) vote at any meeting of the stockholders. All or any part of said capital stock may be paid for in cash, by promissory note, in property, in labor or services actually performed for the Corporation or promised to be performed as evidenced by a written contract, valued at a fair valuation to be fixed by the Board of Directors at a meeting called for such purpose. All stock when issued shall be paid for and shall be nonassessable.

(c) In the election of directors of this corporation there shall be no cumulative voting of the stock entitled to vote at such election.

(d) There shall be no preemptive rights granted to the holders of any stock in the corporation.

## **ARTICLE VI**

### **Registered Office and Registered Agent**

The street address of the corporation's initial registered office is:

3219 Tarpon Woods Boulevard  
Palm Harbor, Florida 34685

and the name of the corporation's initial registered agent at such address is:

**Judith E. Jones**

The corporation may change its registered office or its registered agent or both by filing with the Department of State of the State of Florida a statement complying with Section 607.0502, Florida Statutes (1993), as may be amended from time-to-time.

## **ARTICLE VII**

### **Initial Board of Directors**

The number of directors constituting the initial Board of Directors shall be three (3) and the name and address of each person who is to serve as a member thereof is as follows:

<u>Name</u>	<u>Address</u>
Judith E. Jones	3219 Tarpon Woods Boulevard Palm Harbor, Florida 34685
Carolyn B. Craske	4423 Glenn Rose Fairfax, Virginia 22032
Susan L. McCully	25 Laurel Court Crete, Illinois 60417

The number of directors constituting any subsequent Board of Directors shall be determined in accordance with the Bylaws of the corporation and without amendment to these Articles of Incorporation.

#### ARTICLE VIII

##### Incorporators

The name and address of each incorporator of this corporation is as follows:

<u>Name</u>	<u>Address</u>
Judith E. Jones	3219 Tarpon Woods Boulevard Palm Harbor, Florida 34685

#### ARTICLE IX

##### Indemnification

The corporation shall indemnify any officer or director, or former officer or director, to

the full extent permitted by Section 607.0850, Florida Statutes (1993), as amended from time-to-time.

## **ARTICLE X**

### **Control Share Acquisitions**

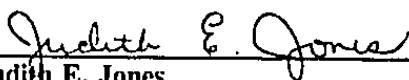
The corporation does hereby elect, pursuant to Subsection 607.0902(s), Florida Statutes (1993), to exempt itself from the provisions pertaining to control share acquisitions as contained in Sections 607.0902, 607.1301, 607.1302, and 607.1320, Florida Statutes (1993).

## **ARTICLE XI**

### **Amendment of Articles of Incorporation**

The corporation reserves the right to amend, alter, change or repeal any provision contained in these Articles of Incorporation in the manner now or hereafter prescribed by statute, and all rights conferred upon the stockholders herein are subject to this reservation.

IN WITNESS WHEREOF, I, the undersigned, have executed these Articles for the uses and purposes therein stated.

  
\_\_\_\_\_  
Judith E. Jones  
Incorporator

Acceptance of Registered Agent

Having been named to accept service of process for the above-named corporation at a place designated in these Articles of Incorporation, I hereby accept to act in this capacity, and agree to comply with the provisions of Section 607.0505, Florida Statutes (1993).

DATED this 16<sup>th</sup> day of October, 1996.

Judith E. Jones  
Judith E. Jones  
Registered Agent

FILED  
OCT 18 AM 8:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

STATE OF FLORIDA     )  
COUNTY OF PINELLAS    )

BEFORE ME, the undersigned authority, on this 16<sup>th</sup> day of October, 1996, personally appeared Judith E. Jones, to me well known to be the person described in and who signed the foregoing Articles of Incorporation and Acceptance of Registered Agent, and acknowledged to me that she executed the same freely and voluntarily for the uses and purposes therein expressed.

WITNESS my hand and official seal the date aforesaid.



RITA M. HOLSTON  
MY COMMISSION # CC446394 EXPIRES  
March 28, 1999  
BONDED THRU TROY FARM INSURANCE, INC

Rita M. Holston

Name: \_\_\_\_\_

Notary Public for State of Florida  
(SEAL)

\_\_\_\_ Personally Known ☒ ID Produced  
My Commission Expires: \_\_\_\_\_