

# 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 \$ \_\_\_\_\_

.....  
 REQUEST TAKEN CONFIRMED APPROVED  
 DATE \_\_\_\_\_  
 TIME \_\_\_\_\_ CK No. \_\_\_\_\_  
 BY PAK

WALK-IN  
 Will Pick Up 1022 1130

RE: Back To Back Investments

Group Inc

|                                                            | 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 checked="" type="checkbox"/> Dissolution/Withdrawal |           |           |
| <input checked="" type="checkbox"/> C U S- <u>95</u>       |           |           |
| <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

FILED  
 95 OCT 22 AM 11:04  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
 RECEIVED  
 96 OCT 22 PM 9:54  
 DIVISION OF CORPORATION

**ARTICLES OF INCORPORATION**  
**OF**

**Back To Back Investments Group, Inc.**

FILED  
96 OCT 22 AM 11:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:

Back To Back Investments Group, Inc.

**ARTICLE II PRINCIPAL OFFICE**

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

8211 West Broward Boulevard, Suite 200  
Plantation, FL 33324  
(954) 472-3124

**ARTICLE III CAPITAL STOCK**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

One Thousand Shares (1000.) at One Dollar (\$1.00) par value per share.

**ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

David Torchin, C.P.A.  
8211 West Broward Blvd., Suite 200  
Plantation, FL 33324

**ARTICLE V INCORPORATOR(S)**

The name(s) and street address(es) of the incorporators to these Articles of Incorporation is(are):

President/Director  
David Torchin, C.P.A.  
8211 West Broward Blvd.  
Suite 200  
Plantation, FL 33324

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

19<sup>th</sup> day of October, 19 96.

  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**CERTIFICATE OF DESIGNATION**  
**REGISTERED AGENT/REGISTERED OFFICE**

FILED  
96 OCT 22 AM 11:04  
TALLAHASSEE, FL 32304

Pursuant to the provisions of sections 607.0501 or 617.0501, 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: Back To Back Investments Group, Inc.

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

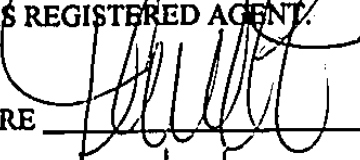
David Torchin, C.P.A.  
(NAME)

8211 West Broward Blvd., Suite 200  
(P.O. BOX NOT ACCEPTABLE)

Plantation, FL 33322  
(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.

SIGNATURE



DATE

10/19/96