

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

RE: Scala Corporation

|                                                       | C.C. FEE. | DISBURSED |
|-------------------------------------------------------|-----------|-----------|
| <input checked="" 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/Maintenance    |           |           |
| <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 _____                                       |           |           |

688001981375-1  
 -10/28/96-01038-014  
 \*\*\*122.50\*\*\*122.50

96 OCT 28 AM 8:14  
 RECEIVED  
 DIVISION OF REVENUE  
 TALLAHASSEE, FLORIDA

|                                |          |
|--------------------------------|----------|
| 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

REQUEST \_\_\_\_\_ TAKEN \_\_\_\_\_ CONFIRMED \_\_\_\_\_ APPROVED \_\_\_\_\_  
 DATE \_\_\_\_\_  
 BY APW CK No. \_\_\_\_\_  
 10/28 12:00  
 Pick Up



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

October 28, 1996

CAPITAL CONNECTION, INC.  
417 E. VIRGINIA STREET  
SUITE 1  
TALLAHASSEE, FL 32301

SUBJECT: OCALA CORPORATION  
Ref. Number: W96000022852

We have received your document for OCALA CORPORATION 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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

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: 196A00049558

*Corrected TX Freida Jen*

ARTICLES OF INCORPORATION

Ocala First Corporation, Inc.

FILED  
95 OCT 28 AM 8:14  
CLERK OF CIRCUIT COURT  
ORANGE COUNTY, FLORIDA

ARTICLE I - NAME

The name of this corporation is OcalaFirst Corporation, Inc.

ARTICLE II - DURATION

This corporation shall have perpetual existence.

ARTICLE III - PURPOSE

This corporation is organized for the purpose of transacting any and all lawful business.

ARTICLE IV - CAPITAL STOCK

This corporation is authorized to issue 7500 shares of \$1.00 par value common stock.

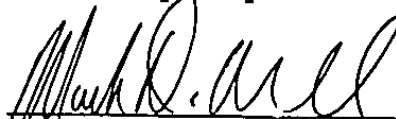
ARTICLE V - MAILING ADDRESS

The principal office of the corporation shall be 4205 SE 7th Place, Ocala, Florida 34471 and the mailing address of the corporation is 4205 SE 7th Place, Ocala, Florida 34471.

ARTICLE VI - INITIAL REGISTERED AGENT -  
DESIGNATION AND ACCEPTANCE

The name and address of the initial registered agent and office of this corporation is: Mark O'Connell, 4205 SE 7th Place, Ocala, Florida 34471. Mark O'Connell has signed these Articles of Incorporation to indicate his acceptance and agreement to act in this capacity as contemplated by §607.0202, Florida Statutes.

I hereby accept the appointment as Registered Agent of Ocala Corporation and agree to act in that capacity.

  
Mark O'Connell

ARTICLE VII - INCORPORATORS AND  
INITIAL BOARD OF DIRECTORS

The name and address of the persons signing these Articles of Incorporation is as follows:

NAME:

ADDRESS:

Mark O'Connell

4205 SE 7th Place  
Ocala, Florida 34471

The corporation shall have one director initially. The number of directors may be increased from time to time by the By-Laws, but shall never be less than one (1) and the method of election of directors shall be governed by the By-Laws. The name and address of the initial Director of this corporation is:

NAME:

ADDRESS:

Mark O'Connell

4205 SE 7th Place  
Ocala, Florida 34471

IN WITNESS WHEREOF, the undersigned incorporator has executed these Articles of Incorporation this 25<sup>th</sup> day of October, 1996.

  
\_\_\_\_\_  
Mark O'Connell

STATE OF FLORIDA

COUNTY OF MARION

BEFORE ME, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared Mark O'Connell who acknowledged before me that he is the person who executed the foregoing Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto set my hand and official  
seal, in the State and County aforesaid, this 25th day of  
October, 1996.

Notary Public:

Sign Ellen D. Giles  
Print \_\_\_\_\_

State of Florida At Large (Seal)  
My Commission Expires:

Personally known X

Produced Identification \_\_\_\_\_

Type of Identification Produced \_\_\_\_\_



ELLEN D. GILES  
MY COMMISSION # CC423490 EXPIRES  
December 10, 1998  
BONDED THROUGH TROY FARM INSURANCE, INC.