CAPITAL CONNECTION, INC.

417 E. Virginia St., Sulte 1, Tallaliassee, Ft. 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	Corp. Record Search Ltd. Partnership File
PHONE ()	Dissolution/Withdrawsi
Service: Top Priority Regular One Day Service Two Day Service	
Matter No.: Express Mail No.	Name Reservation Annual Report/Reinstatement
State Fee \$ Our \$	Vehicle Sparch Driving Record Document Retrieval UCC 1 or 3 File UCC 11 Sparch UCC 11 Retrieval File No.'s Cooles
	DISBURSED
	- 3
	TAX on corporate supplies
REQUEST TAKEN CONFIRMED APPROVE	SUBTOTAL
DATE	PREPAID
TIME CK No	BALANCE DUE

11-2529-7 PONDER'S INC., THOMASVILLE, GA.

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WIII Plek Up/03//20

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WALK-IN

THANK YOU from **Your Capital Connection**

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.



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

October 31, 1996

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

SUBJECT: HICKS & SCHREIBER, P.A.

Ref. Number: W96000023175

corrected

We have received your document for HICKS & SCHREIBER, P.A. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

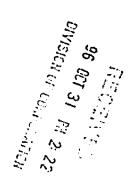
The specific nature of business of the professional association must be stated in the document.

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) 487-6928.

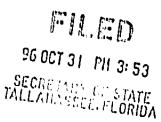
Agnes Lunt Corporate Specialist

Letter Number: 496A00050215



ARTICLES OF INCORPORATION

<u>OF</u>



Ricks & Schreiber, P.A.

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: Hicks & Schreiber, P.A.

The specific nature of business is to practice law.

ARTICLE II PRINCIPAL OFFICE

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

890 S. Dixie Highway Coral Gables, Florida 33146

ARTICLE III CAPITAL STOCK

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

Five Hundred (=500=) shares of common stock at \$1.00 par value each.

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

Gerhardt A. Schreiber 890 S. Dixie Highway Coral Gables, Florida 33146

ARTICLE V INCORPORATOR(S)

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

Gerhardt A. Schreiber 890 S. Dixie Highway Coral Gables, Florida 33146

The undersigned	has(have) ex	ecuted these Ar	ticles of incorporation this
30	day of	October	, 19 <u>_96</u> .
		Sa	Signature/Title
			Signature/Title
			Signature/Title

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the tate 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: <u>Hicks & Schreiber</u> , P.A.
2.	The name and address of the registered agent and office is:
	Gerhardt A. Schreiber C.S. C.S. (NAME)
	(NAME) 890 S. Dixie llighway
	(P.O. BOX NOT ACCEPTABLE) Coral Cables, Florida 33146
	Coral Gables, Florida 33146
	(CITY/STATE/ZIP)
	SIGNATURE SO Deharles (corporate officer)
	TITLE
	DATE <u>October 30. 1996</u>
Δ 1-	VING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF
20	OCESS FOR THE AROVE STATED CORPORATION AT THE PLACE DESIGNATED IN
١N	IS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT ID AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE
DD.	OVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PER- RMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGA-
-O FIC	ONS OF MY POSITION AS REGISTERED AGENT.
	SIGNATURE DO DUMINIA
	DATE <u>October 30, 1996</u>

REGISTERED AGENT FILING FEE: \$35.00