

**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 \_\_\_\_\_

Master No.: \_\_\_\_\_ Express Mail No. \_\_\_\_\_

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

*AB* 11/13

| REQUEST | TAKEN | CONFIRMED | APPROVED     |
|---------|-------|-----------|--------------|
| DATE    | 11/12 |           |              |
| TIME    |       |           | CK No. _____ |
| BY      |       |           |              |

WALK-IN Will Pick Up 9:30 *AB*

*PA6000092680*

RE: Casimiro Arredondo, Inc.

|  | G.C. FEE. | DISBURSED |
|--|-----------|-----------|
| <input checked="" type="checkbox"/> Capital Express™         |           |           |
| <input 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"/> ( <i>photo</i> ) 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 Prop.                  |           |           |
| <input type="checkbox"/> FAX ( ) pgs.                        |           |           |

800002001668-1

11712736 01019-011  
 \*\*\*\*\*78.00 \*\*\*\*\*78.00

FILED  
 95 NOV 2 AM 9 33  
 TALLAHASSEE FLORIDA

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

**ARTICLES OF INCORPORATION  
OF  
CASIMIRO ARREDONDO, INC**

FILED  
96 NOV 12 AM 9:33  
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:

**CASIMIRO ARREDONDO, INC**

**ARTICLE II PRINCIPAL OFFICE**

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

**6881 SW 19 ST  
POMPANO BEACH FL 33068**

**ARTICLE III CAPITAL STOCK**

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

**500 SHARES AT \$1.00 PAR VALUE**

**ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS**

The name and address of the initial registration agent is :

**CASIMIRO ARREDONDO  
6881 SW 19 ST  
POMPANO BEACH FL 33068**

ARTICLE V INCORPORATOR(S)

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

CASIMIRO ARREDONDO 6881 SW 19 ST POMPANO BEACH FL 33068

The undersigned incorporator (s) has (have) executed these Articles of Incorporation this  
11 day of November of 1996

Casimiro Arredondo

PRESIDENT  
Signature

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VICE-PRESIDENT  
Signature

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SECRETARY  
Signature

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

FILED  
96 NOV 12 AM 9:33  
TALLAHASSEE, FLORIDA

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA SUBMITS THE FOLLOWING STATEMENT IN DESIGNATION THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:

CASIMIRO ARREDONDO, INC

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

CASIMIRO ARREDONDO  
6881 SW 19 ST  
POMPANO BEACH FL 33068

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 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.

Casimiro Arredondo  
Signature

11/11/96  
Date