

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 \$ _____

RE: White glove
Enterprises, 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) <u>photo</u>		
<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 _____		

000002010570-6
 11/21/96 01014-884
 *****70.00 *****70.00

96 NOV 21 AM 9:16
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 DIVISION OF CORPORATION
 96 NOV 21 PM 8:57
 FILED
 RECEIVED

REQUEST TAKEN CONFIRMED APPROVED
 DATE _____
 TIME _____
 BY [Signature] CK No. _____

WALK-IN
 Will Pick Up 11/21 12:00

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

CERTIFICATE OF INCORPORATION

-OF-

White GLOVE ENTERPRISES, INC.

FILED
96 NOV 21 AM 9:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

WE, THE UNDERSIGNED, hereby associate ourselves together for the purpose of becoming a corporation under the Laws of the State of Florida, by and under the provisions of the Statutes of the said State of Florida.

ARTICLE I

The name of the corporation shall be:

White GLOVE ENTERPRISES, INC.

ARTICLE II

The corporation may engage in any activity or business permitted under the laws of the United States and of the State of Florida.

ARTICLE III

The maximum number of shares of capital stock that this corporation is authorized to have outstanding at any time is FIVE HUNDRED (500) shares of common stock, having a par value of ONE (\$1.00) DOLLAR PER SHARE.

ARTICLE IV

The amount of capital with which this corporation will begin business shall be the sum of not less than FIVE HUNDRED (\$500.00) DOLLARS.

ARTICLE V

This corporation shall exist perpetually unless sooner dissolved according to law.

ARTICLE VI

The initial street address of the principal office of the corporation shall be:

819 NO. 31ST ROAD
HOLLYWOOD FL 33021

ARTICLE VII

The number of Directors of this corporation shall be at least one (1) and no more than five (5).

ARTICLE VIII

The names and street addresses of the first Board of Directors of this Corporation are as follows:

Robert Bailey 819 N 31 RD., Hollywood, FL.

ARTICLE IX

The names and street addresses of the persons signing these Articles of Incorporation as subscriber is as follows:

Robert Bailey 819 N 31 RD. Hollywood, FL.

ARTICLE X

The corporate existence of this corporation shall begin on the date the Articles of Incorporation are filed of record.

IN WITNESS WHEREOF, the undersigned, _____

Robert Bailey and _____,
both being natural persons, competent to contract, has
hereunto set their hand(s) and Seal(s) this _____

day of _____, 19 _____.

[Signature]

(SEAL)

(SEAL)

STATE OF FLORIDA)

COUNTY OF BROWARD)

BEFORE ME, the undersigned Notary Public of the State
of Florida, personally appeared _____,

and _____, to me well known and

known to me to be the individuals described in and who
executed the foregoing Articles of Incorporation, and they
acknowledged before me that they executed the same freely
and voluntarily for the purpose therein expressed.

WITNESS my hand and official seal this _____
day of _____, 19 _____.

(NOTARY SEAL)

N/A

Notary Public, State of Florida

CERTIFICATE DESIGNATING PLACE OF BUSINESS
OR DOMICILE FOR THE SERVICE OF PROCESS
WITHIN THIS STATE, NAMING AGENT UPON WHOM PROCESS
MAY BE SERVED.

FILED
96 NOV 21 AM 9:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

In pursuance of Chapter 48.091, Florida Statutes, the following is submitted, in compliance with said act:

FIRST, That WHITE GLOVE ENTERPRISES INC desiring to
organize under the laws of the State of Florida with its
principal offices as indicated in the Articles of
Incorporation, in the City of HOLLYWOOD,
County of BROWARD, State of Florida,
has named ROBERT BAILEY,
located at 819 N 31 ROAD,
HOLLYWOOD, Florida,
as its agent to accept services of process within this
state.

ACKNOWLEDGEMENT

Having been named to accept service of process for
the above stated corporation, at the place designated in
this certificate, I hereby accept to act in this capacity,
and agree to comply with the provisions of said Act
relative to keeping open said office.

By:

Robert Bailey
Resident Agent

ROBERT BAILEY