

# P96000099132

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

FILED

96 DEC -9 AM 11:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DEC -9 1996

REQUEST	TAKEN	CONFIRMED	APPROVED
DATE	12/9		
TIME			CK No.
BY			

WALK-IN Will Pick Up 12:00 *NA*

RE: *Showtime Coaches, Inc.*

	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 checked="" type="checkbox"/> Foreign Corp. File		
<input 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/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**

**ARTICLES OF INCORPORATION  
OF  
SHOWTIME COACHES, INC.**

**96 DEC -9 AM 11:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

The undersigned, acting as incorporator of a corporation under the Florida General Corporation Act, adopts the following Articles of Incorporation:

**ARTICLE I. NAME**

The name of this corporation is SHOWTIME COACHES, INC..

**ARTICLE II. PRINCIPAL OFFICE OR MAILING  
ADDRESS OF CORPORATION**

The principal office and mailing address of this corporation is: PO Box 1458, Leesburg, Florida 34749.

**ARTICLE III. CAPITAL STOCK**

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

One thousand (1,000) shares of common stock  
all of one class, having a nominal or par  
value of ONE DOLLAR (\$1.00) per share.

**ARTICLE IV. INITIAL REGISTERED OFFICE AND AGENT**

The street address of the initial registered office of this corporation is 1508 W. Main Street, Leesburg, Florida 34748, and the name of the initial registered agent of this corporation at that address is Chris Nichols.

**ARTICLE V. INCORPORATOR**

The name and address of the person signing these Articles of Incorporation is Chris Nichols, 1508 W. Main Street, Leesburg, Florida 34748.

**ARTICLE VI. AMENDMENT**

This corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation, or any amendment hereto, and any right conferred upon the shareholders is subject to this reservation.

IN WITNESS WHEREOF, the undersigned subscriber has executed these Articles of Incorporation this 10th day of December, 1996.

[Signature]  
Incorporator

**ACCEPTANCE BY REGISTERED AGENT:**

I AM FAMILIAR WITH AND ACCEPT THE DUTIES AND RESPONSIBILITIES AS REGISTERED AGENT FOR SAID CORPORATION.

[Signature]  
Name: Chris Nichols

STATE OF FLORIDA  
COUNTY OF LAKE

The foregoing instrument was acknowledged before me this 10th day of December, 1996, by Chris Nichols, Incorporator, who did take an oath.

[Signature]  
NOTARY PUBLIC-STATE OF FLORIDA  
(Signature of Notary)

Jeanne M. Sharpe  
Typed name of Notary)

Personally known \_\_\_\_\_ or  
Produced Identification ✓

[SEA]



CC421145  
(Commission Number)

Type of Identification  
Produced: FL Driver's License

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA