

796000101501

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: Florida one stop financial
Services, Inc.

	C.C. FEE.	DISBURSED
<input type="checkbox"/> Capital Express™	_____	_____
<input checked="" type="checkbox"/> Art. of Inc. File	_____	_____
_____ Corp. Record Search	_____	_____
_____ Ltd. Partnership File	_____	_____
_____ Foreign Corp. File	_____	_____
<input checked="" type="checkbox"/> <u>Photo</u> Cert. Copy(s)	_____	_____
_____ Art. of Amend. File	_____	_____
<input checked="" type="checkbox"/> Dissolutory Withdrawal	_____	_____
<input checked="" type="checkbox"/> C U B. <u>625</u>	_____	_____
_____ Fictitious Name File	_____	_____
_____ Name Reservation	_____	_____
_____ Annual Report/Reinstatement	_____	_____
_____ Reg. Agent Service	_____	_____
_____ Document Filing	_____	_____
_____ Corporate Kit	_____	_____
_____ Vehicle Search	_____	_____
_____ Driving Record	_____	_____
_____ Document Retrieval	_____	_____
_____ UCC 1 or 3 File	_____	_____
_____ UCC 11 Search	_____	_____
_____ UCC 11 Retrieval	_____	_____
_____ File No.'s, _____ Copies	_____	_____
_____ Courier Service	_____	_____
_____ Shipping/Handling	_____	_____
_____ Phone ()	_____	_____
_____ Top Priority	_____	_____
_____ Express Mail Prop.	_____	_____
_____ 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

REQUEST TAKEN CONFIRMED APPROVED
DATE 12/17/96 _____
TIME 10:00 _____ CK No. _____
BY CD _____

WALK-IN
Will Pick Up _____

**ARTICLES OF INCORPORATION
OF
FLORIDA ONE STOP FINANCIAL SERVICES, INC**

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:

FLORIDA ONE STOP FINANCIAL SERVICES, INC

ARTICLE II PRINCIPAL OFFICE

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

**3267 NW 102 ND TERRACE
CORAL SPRINGS FL 33065**

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 :

**WILLIAM ANTEPARA
3267 NW 102 ND TERRACE
CORAL SPRINGS FL 33065**

96 DEC 17 AM 11:26
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE V INCORPORATOR(S)

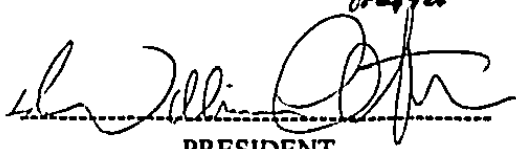
The name (s) and street address (es) of the incorporator(s) to these Articles of Incorporation is (are):

WILLIAM ANTEPARA 3267 NW 102 ND TERRACE
CORAL SPRINGS FL 33065

HOLANDO FALCON 3425 NW 44 ST APT 206
FT. LAUDERDALE FL 33309

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

Please make this corporation effective on 06 Day of January of 1997 *OR AFTER THIS DATE*



PRESIDENT

Signature



VICE-PRESIDENT

Signature

SECRETARY

Signature

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

FILED
96 DEC 17 AM 11:26
SECRETARY OF STATE
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:

FLORIDA ONE STOP FINANCIAL SERVICES, INC

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

**WILLIAM ANTEPARA
3267 NW 102 ND TERR
CORAL SPRINGS FL 33065**

**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 registerd agent.**


Signature

DECEMBER 11, 1996
Date

PLEASE MAKE THIS CORPORATION EFFECTIVE ON 01/06/97 or after this date