96000103454 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

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Past 30 Days, 18% per Annum
B. REGISTER

THANK YOU from DEC 2 Sur Capital Connection

ARTICLES OF INCORPORATION

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: FUNDS DISTRIBUTORS, INC.

ARTICLE II. PRINCIPAL OFFICE

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

Funds Distributors, Inc. 2212 4th Avenue Tampa, Florida 33605

ARTICLE III. SHARES

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

Ten Thousand (10,000) shares at \$.001 par value.

ARTICLE IV. INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and address of the initial registered agent is:

Walter Knitter Funds Distributors, Inc. 2212 4th Avenue Tampa, Florida 33605

ARTICLE V. INCORPORATOR(S)

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

Walter Knitter Funds Distributors, Inc. 2212 4th Avenue Tampa, Florida 33605



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Signature		

Note: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE 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: FUNDS DISTRIBUTORS, INC.
- 2. The name and address of the registered agent and office is:

Walter Knitter 2212 4th Avenue Tampa, Florida 33605

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 the 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.

Signature W Knotter

Date



DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314