

# 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: Frankenberger Restorations

	C.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"/> 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.....	\$

REQUEST TAKEN CONFIRMED APPROVED

DATE \_\_\_\_\_

TIME \_\_\_\_\_ CK No. \_\_\_\_\_

BY ARP

WALK-IN  
Will Pick Up

FLA 110  
1/14

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  
97 JAN 13 PM 4:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION OF  
FRANKENBERGER RESTORATIONS, INC.**

The undersigned, for the purpose of forming a corporation under the Florida Business Corporation Act, adopt the following articles of incorporation:

**ARTICLE ONE**

The name of the corporation is FRANKENBERGER RESTORATIONS, INC..

**ARTICLE TWO**

The initial principal office and mailing address of the corporation is 4470 Ravenswood Road, Ft. Lauderdale, Florida 33312.

**ARTICLE THREE**

The corporation is authorized to issue five hundred (500) shares of common stock having a par value of One Dollar (\$1.00) per share.

**ARTICLE FOUR**

The street address of the corporation's initial registered office and the name of its initial registered agent at this office is: Michael E. Frankenger, 4470 Ravenswood Road, Ft. Lauderdale, Florida 33312.

**ARTICLE FIVE**

The name and address of the initial Director of the corporation is as follows:

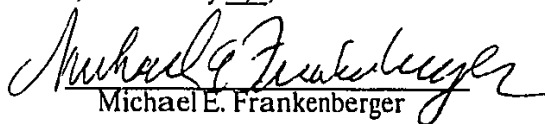
Michael E. Frankenger  
4470 Ravenswood Road  
Ft. Lauderdale, Florida 33312

ARTICLE SIX

The name and street address of the sole incorporator of these Articles of Incorporation is:

Michael E. Frankenger  
4470 Ravenswood Road  
Ft. Lauderdale, Florida 33312

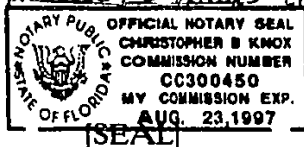
Executed by the undersigned at Plantation, Florida, on January 9, 1997.

  
Michael E. Frankenger

STATE OF FLORIDA

COUNTY OF BROWARD

The foregoing instrument was acknowledged before me this 9 day of January, 1997, by MICHAEL E. FRANKENBERGER, who is personally known to me or who produced FL DRIVER'S LIC. NO. F65254551076 as identification.



STATE OF FLORIDA NOTARY PUBLIC

Sign 

Print CHRISTOPHER B. KNOX

FILED  
97 JAN 13 PM 4:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION OF REGISTERED AGENT AND  
REGISTERED OFFICE**

Pursuant to the provisions of Section 607.0501 of the 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:

FRANKENBERGER RESTORATIONS, INC.

2. The name and address of the Registered Agent and Office is:

Michael E. Frankenger  
4470 Ravenswood Road  
Ft. Lauderdale, Florida 33312.

Having been named as Registered Agent 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; I am familiar with and accept the obligations of my position as Registered Agent.

  
Michael E. Frankenger  
Registered Agent