P97000003831

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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TALLAMASSEE, FLORIDA

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Please remit invoice number with payment TERMS: NET 10 DAYB FROM INVOICE DATE 1 1/2% per month on Past Due Amounts Past 30 Days, 16% per Annum.

THANK YOU from Your Capital Connection

nc 1/14/97

11-2529-7 PONDER'S INC., THOMASVILLE, GA.

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:

Welleby Square, Inc.

ARTICLE II PRINCIPAL OFFICE

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

2328 10th Ave., N Suite 401 Lake Worth, FL 33461

> ARTICLE III SHARES

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

500 Shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS The name and address of the initial registered agent is:

Charles Stein

2328 10th Ave., N Suite 401 Lake Worth, FL 33461

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

Charles Stein Sect/Treasurer

2328 10th Ave., N Suite 401 Lake Worth, FL 33461

Notarization is not required

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_	Welleby Square, Inc.		
2.	The name and address of the reg	gistered agent and office is:		
	Charles	s Stein		
		(NAME)	3-40 CO	
	2328 10t1	h Ave., N Suite 401	GARTA	
	(P. O	Box or Mail Drop Box NOT ACCEPTABLE)		T
	Lake Wor	th, FL 33461	YOF S	ロロフ
		(CITY/STATE/ZIP)	3: 3: TATE ORIDA	

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)

(DATE)