

# 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: C + M Management  
Corporation

|   | 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 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         |           |           |
| Name Reservation                                      |           |           |
| Annual Report/Reinstatement                           | ****70.00 | ****70.00 |
| 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 Prep.                                    |           |           |
| FAX ( ) pgs.  |           |           |
| <b>SUBTOTALS</b>                                      |           |           |

*These are original signatures*

REQUEST \_\_\_\_\_ TAKEN \_\_\_\_\_ CONFIRMED \_\_\_\_\_ APPROVED \_\_\_\_\_  
 DATE \_\_\_\_\_  
 TIME \_\_\_\_\_ CK No. \_\_\_\_\_  
 BY BAR

WALK-IN Will Pick Up 1-19-300 1/15

|                                |    |
|--------------------------------|----|
| 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

W97-960



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

January 14, 1997

CAPITAL CONNECTION, INC.

TALLAHASSEE,

SUBJECT: G & M MANAGEMENT CORPORATION  
Ref. Number: W97000000960

*Correct*

We have received your document for G & M MANAGEMENT CORPORATION and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

In article IV the registered agent name is not listed and on the designation of the registered agent/registered office there are two names listed there can only be one person designated as the registered agent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6067.

Neysa Culligan  
Document Specialist

Letter Number: 697A00001930

## 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:

G + M. MANAGEMENT CORPORATION

FILED  
97 JAN 15 AM 10:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### ARTICLE II PRINCIPAL OFFICE

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

1017 SOUTH WREN CIRCLE  
BAREFOOT BAY  
FLORIDA 32976

### ARTICLE III SHARES

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

100 @ \$100. Each.

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Michael Alan Hall  
1017 SOUTH WREN CIRCLE  
BAREFOOT BAY.  
FLORIDA 32976

**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):

MICHAEL ALAN HALL.  
1017 SOUTH WREN CIRCLE  
BAREFOOT BAY, FLORIDA 32976.

GILLIAN ANN HAWKINS  
1017 SOUTH WREN CIRCLE  
BAREFOOT BAY, FLORIDA 32976.

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

10 day of January, 1997.

|   |               |
|---|---------------|
|  | M. A. HALL.   |
| <hr/>   |               |
|   | Signature     |
|  | G. A. HAWKINS |
| <hr/>   |               |
|   | Signature     |
| <hr/>   |               |
|   | 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: G+M Management Corporation
2. The name and address of the registered agent and office is:

Michael Alan Hall  
(NAME)  
1017 SOUTH WREN CIRCLE  
(P.O. Box or Mail Drop Box NOT ACCEPTABLE)  
BAREFOOT Bay, FLA 32976  
(CITY/STATE/ZIP)

FILED  
97 JAN 15 AM 10:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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)

10.1.97  
(DATE)