

# **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 \$ \_\_\_\_\_

REQUEST TAKEN CONFIRMED APPROVED

DATE \_\_\_\_\_

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

BY AM DO 2/6

WALK-IN Will Pick Up 2/6 11a

RE: S.C. Chapman

Investment Corp.

	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 checked="" type="checkbox"/> Foreign Corp. File		
<input 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	300002679329-6	
<input type="checkbox"/> Corporate Kit	***122.50	***122.50
<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.....	\$
	\$

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

97 FEB -6 PM 12:03  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
 DIVISION OF CORPORATION  
 FILED  
 RECEIVED  
 97 FEB -6 AM 10:02

ARTICLES OF INCORPORATION  
OF

S.C. CHAPMAN INVESTMENT CORP.

FILED  
97 FEB -6 PM 12:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned incorporators hereby associate themselves together to form a corporation under Chapter 607, Florida Statutes.

ARTICLE I  
NAME

The name of the corporation is S.C. CHAPMAN INVESTMENT CORP., and its principal place of business is 12637 Katherine Circle, Clermont, Florida 34711.

ARTICLE II  
GENERAL PURPOSE

The general purpose or purposes for which the corporation is organized is the transaction of any or all lawful business for which corporations may be incorporated under Chapter 607, Florida Statutes.

ARTICLE III  
CAPITAL STOCK

The aggregate number of shares of stock which the corporation shall have the authority to issue is 1000 shares of common stock having a par value of \$1.00 per share.

ARTICLE IV  
TERM OF EXISTENCE

This corporation shall begin its existence on the day these Articles of Incorporation are filed by the Secretary of State of the State of Florida, and shall exist perpetually.

ARTICLE V  
ADDRESS OF INITIAL REGISTERED OFFICE AND  
NAME OF INITIAL REGISTERED AGENT

The initial registered office of this corporation and the name of its initial registered agent at such address are:

SHIRLEY C. CHAPMAN  
12637 KATHERINE CIRCLE  
CLERMONT, FLORIDA 34711

**ACKNOWLEDGEMENT:**

Having been named to accept service of process for the above-stated corporation at the place designated in these Articles of Incorporation, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.

Sc Chapman  
SHIRLEY C. CHAPMAN,  
RESIDENT AGENT

**ARTICLE VI**  
**OFFICERS**

The name and post office address of each of the officers of the corporation are:

PRESIDENT:                      SHIRLEY C. CHAPMAN  
   12637 KATHERINE CIRCLE  
   CLERMONT, FLORIDA 34711

**ARTICLE VII**  
**INCORPORATORS**

The name and address of each of the incorporators and the number of shares of stock which each shall take are:

<u>NAME</u>	<u>ADDRESS</u>	<u>SHARES</u>
Shirley C. Chapman	12637 Katherine Circle Clermont, Florida 34711	100

**ARTICLE VIII**  
**AMENDMENT**

The Articles of Incorporation may be amended in the manner provided by law.

**ARTICLE IX**  
**BYLAWS**

The power to adopt, amend or repeal the Bylaws shall be reserved to the Shareholders of this corporation.

5<sup>th</sup> IN WITNESS WHEREOF, I have hereunto set my hand and seal this  
day of February, 1997.

Sc Chapman  
Shirley C. Chapman, Incorporator

STATE OF FLORIDA  
COUNTY OF LAKE

I HEREBY CERTIFY that on this day, before me, a Notary Public  
duly authorized in the State and County aforesaid to take  
acknowledgments, personally appeared SHIRLEY C. CHAPMAN, personally  
known to me or produced a drivers license as identification, who  
acknowledged he executed the foregoing Articles of Incorporation.

Victoria C Burns  
NOTARY PUBLIC  
My Commission Expires:

