

P97000019556

TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Alaqua Financial Services, Inc.
(Proposed corporate name - must include suffix)

400002080054--2
-02/06/97--01048--003
*****78.75 *****78.75

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

\$70.00
Filing Fee

\$78.75
Filing Fee
& Certificate

\$122.50
Filing Fee
& Certified Copy

\$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

FILED
97 MAR -3 AM 8:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FROM: Christa M. Bryant
Name (printed or typed)

15194 N.E. 248th Ave Rd.
Address

Salt - Springs, FL 32134
City, State & Zip

352 - 685 - 2166
Daytime Telephone number

W97-3127
KR 2.7

K.R. MAR - 4 1997

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

February 7, 1997

CHRISTA M BRYANT
15194 NE 248TH AVE RD
SALT SPRINGS, FL 32134

SUBJECT: ALAQUA FINANCIAL SERVICES, INC.
Ref. Number: W97000003127

We have received your document for ALAQUA FINANCIAL SERVICES, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock.

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation"); and the registered agent's signature.

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) 487-6932.

Kimberly Rolfe
Document Specialist

Letter Number: 697A00006604

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:

Alaqua Financial Services, Inc.

ARTICLE II PRINCIPAL OFFICE

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

*15194 NE 248th Ave Rd.
Salt Springs, FL 32134*

ARTICLE III SHARES

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

50 Shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

*Christa M. Bryant
15194 NE 248th Ave Rd.
Salt Springs, FL 32134*

97 MAR -3 AM 8:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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):

Alaqua Financial Services, Inc.

Christa M. Bryant

15194 N.E. 248th Ave Road

Salt Springs, FL 32134

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

3rd day of February, 19 97.

Christa M. Bryant

Signature

Signature

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: Alaqua Financial Services, Inc.

2. The name and address of the registered agent and office is:

Christa M. Bryant
(NAME)

15194 NE. 248th Ave Rd.
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Salt Springs, FL 32134
(CITY/STATE/ZIP)

FILED
97 MAR -3 AM 8:28
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.

Christa M Bryant
(SIGNATURE)

2/28/98
(DATE)