

# P97000020253

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

W97-5000

RE: Aramax, Inc.

	C.C. FEE.	DISBURSE
<input checked="" type="checkbox"/> Capital Express™		
<input checked="" type="checkbox"/> Art. of Inc. Filing		
<input type="checkbox"/> Corp. Record Search		
<input type="checkbox"/> Ltd. Partnership Filing		
<input type="checkbox"/> Foreign Corp. Filing		
<input checked="" type="checkbox"/> ( ) Cert. Copy(s)		
<input type="checkbox"/> Art. of Amend. Filing		
<input type="checkbox"/> Dissolution/Withdrawal		
<input type="checkbox"/> C U S.		
<input type="checkbox"/> Fictitious Name Filing		
<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 Filing		
<input type="checkbox"/> UCC 11 Search		
<input type="checkbox"/> UCC 11 Retrieval		
<input type="checkbox"/> Filing 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.		
<b>SUBTOTALS</b>		

REQUEST	TAKEN	CONFIRMED	APPROVED
DATE			
TIME			CK No.
BY			

WALK-IN  
Will Pick Up \_\_\_\_\_

FEE.....	
DISBURSED.....	
SURCHARGE.....	
TAX on corporate supplies.....	
SUBTOTAL.....	
PREPAID.....	
BALANCE DUE.....	

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

97 MAR -5 PM 1:17

FILED

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



RECEIVED

PM 1:01

FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

March 4, 1997

CAPITAL CONNECTION  
P.O. BOX 10349  
TALLAHASSEE, FL 32302

SUBJECT: ARAMAX, INC.  
Ref. Number: W97000005000

*The similar name is  
document # P970000018003*

We have received your document for ARAMAX, INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

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) 487-6928.

Agnes Lunt  
Corporate Specialist

Letter Number: 997A00011012

*att: Beth  
Register*

ARAMAX, INC  
8566 FOREST OAKS BLVD STE-7  
SPRINGHILL FLORIDA 34806

## F A X C O V E R S H E E T

DATE: March 5 1997                      TIME: 11:35  
TO: BETH REGISTER                      PHONE: 904-487-8928  
Florida Department Of State              FAX:  
FROM: WILLIAM PERRY                      PHONE: 1-352-888-1090  
ARAMAX, INC.                              FAX: 1-352-888-8102  
RE: REF W97000006000  
CC: CAPITAL CONNECTION

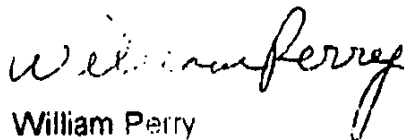
Number of pages including cover sheet: ONE

Dear Mrs. Register, Pursuant to our just completed phone conversation, please be advised that I am aware that there is a corporation with a name similar to the one I have chosen. I am also aware of the possible name conflicts that may arise, together with the ramifications of such conflict.

After consideration of the above and since our businesses will not conflict with each other, I respectfully ask that you register my company as applied for via Capital connection.

Thanking you very much for your kind consideration in this matter, I remain,

Yours truly

  
William Perry

ARTICLES OF INCORPORATION OF

ARAMAX , INC.

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt the following Articles of incorporation.

ARTICLE 1 NAME

The name of the corporation shall be: ARAMAX , INC.

ARTICLE 11 PRINCIPAL OFFICE

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

8566 FOREST OAKS BLVD. SUITE - 7, SPRINGHILL, FLORIDA 34606

ARTICLE 111 CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is 7000 shares at \$1.00 par value per share.

ARTICLE 1V INITIAL REGISTERED AGENT AND ADDRESS

WILLIAM PERRY, 8566 FOREST OAKS BLVD. SUITE - 7, SPRINGHILL, FLORIDA 34606

ARTICLE V INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:  
WILLIAM PERRY, 9278 GERONA ST. SPRINGHILL, FLORIDA 34608

The undersigned has executed these Articles of incorporation this 5th day of FEB, 1997

William Perry Pres.  
SIGNATURE/TITLE

FILED  
97 MAR -5 PM 1:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

97 MAR -5 PM 1:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION**  
**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 ARAMAX ,INC. .
2. The name and address of the registered agent and office :  
WILLIAM PERRY 8566 FOREST OAKS BLVD. SUITE -7, SPRINGHILL, FLORIDA 34606

SIGNATURE William Perry  
(corporate officer)

TITLE President

DATE 2-5-97

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 THAT 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 William Perry

DATE 2-5-97