

# P97000021394

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

FILED  
 97 MAR 10 PM 12:19  
 ALBANY, NY

AL MAR 10 1997

REQUEST	TAKEN	CONFIRMED	APPROVED
DATE _____	_____	_____	_____
TIME _____	_____	CK No. _____	_____
BY <u>AMP</u>	_____	_____	_____

WALK-IN Will Pick Up 3/10 1100

RE: Semach's, Inc.

	C.C. FEE.	DISBURSE
<input checked="" type="checkbox"/> Capital Express™	_____	_____
<input 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"/> 1-7 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	_____	_____
9000002107399-2		
<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 K11	_____	_____
<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.	_____	_____

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, 15% per Annum.

THANK YOU  
 from  
 Your Capital Connect

ARTICLES OF INCORPORATION

of

SEMACH'S, INC.

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MAR 10 1997  
CLERK OF COURT  
FLORIDA

The undersigned Incorporator for the purpose of forming a corporation under Chapter 607 Florida Statutes, hereby adopt the following Articles of Incorporation:

ARTICLE I- NAME AND ADDRESS

The name of this corporation is SEMACH'S, INC. The business mailing address of the corporation is 3593 Edington Way, Palm Harbor, FL 34685.

ARTICLE II - DURATION

The duration of the corporation is perpetual.

ARTICLE III - SHARES OF STOCK

The aggregate number of shares which the corporation is authorized to issue is One Hundred (100). Such shares shall be of a single class and shall have a par value of One Dollar (\$1.00) per share.

ARTICLE IV - PURPOSE

This corporation is organized for the purpose of transacting any business that a corporation may engage in under the laws of the State of Florida.

ARTICLE V - INITIAL SUBSCRIBER

The initial subscriber to these Articles of Incorporation is JOHN SEMACH whose address is 3593 Edington Way, Palm Harbor, FL 34685.

ARTICLE VI - OFFICERS AND DIRECTORS

Officers and Directors shall be duly elected by the

Bylaws of the Corporation and shall serve until the next election or their resignation. The officers and directors may either be increased or decreased from time to time by the Bylaws, but shall never be less than one.

ARTICLE VII - BYLAWS

The Bylaws of the Corporation shall be made by the Initial Subscriber. The Bylaws shall be adopted and may be amended in accordance with the procedure set fourth in the Bylaws.

ARTICLE VIII - AMENDMENTS

The Articles of Incorporation of the Corporation may be amended by resolution of the Board of Directors, approved by the members of the Corporation, as provided in the Bylaws of the Corporation.

ARTICLE IX - RESIDENT OFFICE AND REGISTERED AGENT

The Resident Office and the Registered Agent of the Corporation shall be:

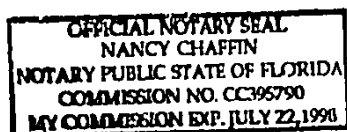
BUDDY D. FORD, ESQUIRE  
115 N. MacDill Ave.  
Tampa, FL 33609

The undersigned subscriber has executed these Articles of Incorporation this 5<sup>th</sup> day of March, 1997.

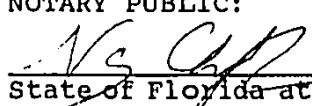
  
JOHN SEMACH

STATE OF FLORIDA  
COUNTY OF HILLSBOROUGH

SH The foregoing instrument was acknowledged before me this 5<sup>th</sup> day of March, 1997, by JOHN SEMACH who has produced Driver's License # \_\_\_\_\_ as identification and who did take an oath.



NOTARY PUBLIC:


  
State of Florida at Large (Seal)

**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT / REGISTERED OFFICE**

Pursuant to the provision of section 607.0501, Florida Statutes, the mentioned 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 SEMACH'S, INC.
2. The name and address of the registered agent and office is Buddy D. Ford, Esquire, 115 N. MacDill Avenue, Tampa, Florida 33609.

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.

  
\_\_\_\_\_  
BUDDY D. FORD, ESQUIRE  
115 N. MacDill Avenue  
Tampa, Florida 33609  
(813) 877-4669

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97 MAR 10 PM 12:19  
TAMPA, FLORIDA