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

CAPITAL CITY COLORS, INC.

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(P	roposed corporate r	name - must include su	uffix)		
Enclosed is an original for: \$70.00 Filing Fee	X \$78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy Additional Cop	\$131.25 Filing Fee, Certified Copy & Certificate	ALLX	FILED check 97 HAR 26 PII 1: 38
FROM: Anthony P. Freeman Name (printed or typed)					DE B
6270 Williams Road					
Address					
Tallahassee, FL 32311					
City, State & Zip 904/877-7964					
				,	מי
	Daytime	e Telephone number			

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

9/24

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:

CAPITAL CITY COLORS, INC.

ARTICLE II PRINCIPAL OFFICE

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

6270 WILLIAMS ROAD TALLAHASSEE, FL 32311

ARTICLE III SHARES

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

ONE THOUSAND (1,000) SHARES OF COMMON STOCK WITH A PAR VALUE OF ONE DOLLAR (\$1.00) PER SHARE

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ANTHONY P. FREEMAN 6270 WILLIAMS ROAD TALLAHASSEE, FL 32311

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):

ANTHONY P. FREEMAN 6270 WILLIAMS ROAD TALLAHASSEE, FL 32311

JON RUSSELL FREEMAN 6270 WILLIAMS ROAD TALLAHASSEE, FL 32311

ι±	day of	MARCH	, 19_ <u>97</u>	
-	_ uay or			
	۵.	thony P. For	signature	
		Ü	Signature	
	don	Russell Gree	mes~	
	<u></u>		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:	CAPITAL CITY COLO	RS, INC.	
2.	The name and address of the reg	istered agent and office is:		
		ANTHONY P. FREEMAN (NAME)	97 HAR	-II
	(P.O. I	6270 WILLIAMS ROAD Box or Mail Drop Box NOT ACCEPTABL	26	المدار المدار الورار
		FALLAHASSEE, FL 32311 (CITY/STATE/ZIP)	ANDA	انیا د ((
ce az re	aving been named as registered orporation at the place designated gent and agree to act in this capa elating to the proper and complete bligations of my position as registe	l in this certificate, I hereby accep city. I further agree to comply w performance of my duties, and I d	ot the appointment as regist ith the provisions of all sta	tered uutes
(Inthony P. Freeman (SIGNATE	JRE)	3/26/97 (Date)	