P97000031085

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 APR -7 AM 10:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T+1

O.K.R. APR - 7 1997

REQUEST	TAKEN	CONFIRMED	APPROVED
DATE			
TIME			CK No.
BY			

WALK-IN Will Pick Up 4/7 12:00

RE: True Dimension Inc.

	C.C. FEE.	DISBURSED
✓ Capital Express SM		
Art. of Inc. File		
Corp. Record Search		
Ltd. Partnership File		
✓ Foreign Corp. File		
( ) Cert. Copy(s)		
Art. of Amend. File		
Dissolution/Withdrawal		
✓ C U S-	G 15	
Fictitious Name File		
Name Reservation		
Annual Report/Reinstatement		
Reg. Agent Service	800002134578--2	
Document Filing	-04/07/97--01004--009	
	***131.25	***131.25
Corporate Kit		
Vehicle Search		
Driving Record		
Document Retrieval		
UCC 1 or 3 File		
UCC 11 Search		
UCC 11 Retrieval		
___ File No.'s, ___ Copies		
Courier Service		
Shipping/Handling		
Phone ( )		
Top Priority		
Express Mail Prep.		
FAX ( ) pgs.		
SUBTOTALS		

97 APR -7 AM 8:43
DIVISION OF CORPORATION

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Timothy J. CHROSNIAK
George M. WASKO

ARTICLE I NAME

The name of the corporation shall be:

TRUE Dimension, INC.

ARTICLE II PRINCIPAL OFFICE

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

Bus. ADDRESS 8602 TEmple Terrace Hwy Suite C-39
Tampa, Fla. 33637.

mailing ADDRESS 28812 SKYGlade PlACE
Wesley ChapeL, Fl. 33543

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Timothy J. CHROSNIAK
28812 SKYGlade Place
Wesley ChapeL, Fl. 33543

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):

Timothy J. CHROSNIAK
28812 SKYGlade PLACE
Wesley Chapel, FL. 33543

George M. Wasko
2613 STEARNS Rd.
Valrico, Fl. 33594

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

4 day of April, 19 97.

Timothy J. Chrosniak
Signature

George M. Wasko
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: TRUE DIMENSION, INC.

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

Timothy J. CHROSNIAK
(NAME)

28812 SKYGlade Place
(P.O. Box or Mail Drop Box NOT ACCEPTABLE)

Wesley Chapel, FL. 33543
(CITY/STATE/ZIP)

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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.

Timothy J. Chrosniak
(SIGNATURE)

4-4-97
(DATE)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314