

**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 \$ \_\_\_\_\_

REQUEST TAKEN CONFIRMED APPROVED

DATE 4/21/97

TIME 11:00 CK No. \_\_\_\_\_

BY C.D.

WALK-IN  
Will Pick Up \_\_\_\_\_RE: ES01 1-27-45-0034

**DISBURSED**

**FILED**

**SECRETARY OF STATE**

**TALLAHASSEE FLORIDA**

**97 APR 21 PM 2 29**

**UNIFORM INFORMATION**

**97 APR 21 PM 11:29**

**PHOTO**

**04/21/97--01069--024**

**\*\*\*\*350.00 \*\*\*\*\*70.00**

**Photo**

**Art. of Amend. File**

**Dissolution/Withdrawal**

**C U S -**

**Fictitious Name File**

**Name Reservation**

**Annual Report/Reinstatement**

**Reg. Agent Service**

**Document Filing**

**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**

**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

# **ARTICLES OF INCORPORATION**

## **OF**

### **ESOIL 1-27-45-0034 Corporation**

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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

#### **ARTICLE I: NAME**

The name of the corporation is **ESOIL 1-27-45-0034 Corporation**

#### **ARTICLE II: PRINCIPAL OFFICE**

The principal place of business and mailing address of the corporation is 2655 S. Lejeune Rd., PH 1-C, Coral Gables, FL 33134.

#### **ARTICLE III: CAPITAL STOCK**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is one hundred (100) shares having no par value.

#### **ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS**

The name and address of the initial registered agent is Anthony J. Estevez, 2655 S. LeJeune Rd., PH 1-C, Coral Gables, FL 33134.

#### **ARTICLE V: INCORPORATOR**

The name and address of the incorporator of these Articles of Incorporation is Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL 32301.

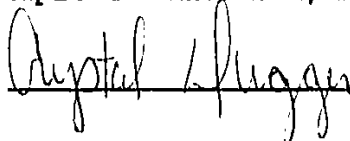
#### **ARTICLE VI: INITIAL BOARD OF DIRECTORS**

The name and address of each member of the initial Board of Directors of the corporation is

Anthony J. Estevez, 2655 S. LeJeune Rd., PH 1-C, Coral Gables, FL 33134.

The undersigned has executed these Articles of Incorporation this 21st day of April 1997.

"Capital Connection, Inc. by Crystal Dugger, Office Manager"

\_\_\_\_\_

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

Pursuant to the provisions 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: Esoil 11-27-45-0034

Corporation

2. The name and street address of the registered agent and office is: Anthony J. Estevez

2655 S. Le Jeune Road Ste. PH1-C

Coral Gables, Florida 33134

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.

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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