

**P97000039293** of

**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

RE: GFI management Associates, Inc.

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 MAY -2 AM 10:43  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**K.R. MAY - 2 1997**

REQUEST	TAKEN	CONFIRMED	APPROVED
DATE	<u>5-1-97</u>	_____	_____
TIME	<u>2:50</u>	_____	CK No. _____
BY	<u>LS</u>	_____	_____

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

	C.C. FEE.	DISBURSED
<input type="checkbox"/> Capital Express**	_____	_____
<input checked="" type="checkbox"/> Art. of Inc. File	_____	_____
<input type="checkbox"/> Corp. Record Search	_____	_____
<input type="checkbox"/> Ltd. Partnership File	_____	_____
<input type="checkbox"/> Foreign Corp. File	_____	_____
<input type="checkbox"/> ( ) <del>Corp. Copy(s)</del> <u>photo</u>	_____	_____
<input type="checkbox"/> Art. of Amend. File	_____	_____
<input type="checkbox"/> Dissolution/Withdrawal	_____	_____
<input type="checkbox"/> C U S-	_____	_____
<input type="checkbox"/> Fictitious Name File	_____	_____
<input type="checkbox"/> Name Reservation	_____	_____
<input type="checkbox"/> Annual Report/Reinstatement	_____	_____
<input type="checkbox"/> Reg. Agent Service <u>F000002162766--0</u>	_____	_____
<input type="checkbox"/> Document Filing <u>-05/02/97--01013--027</u>	_____	_____
	<u>*****70.00</u>	<u>*****70.00</u>
<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 File	_____	_____
<input type="checkbox"/> UCC 11 Search	_____	_____
<input type="checkbox"/> UCC 11 Retrieval	_____	_____
<input type="checkbox"/> File 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> _____	_____	_____

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

RECEIVED  
 97 MAY -2 AM 8:50  
 DIVISION OF STATE  
 TALLAHASSEE, FLORIDA

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, 10% per Annum.

THANK YOU  
 from  
 Your Capital Connection

**ARTICLES OF INCORPORATION  
OF  
G F I MANAGEMENT ASSOCIATES, INC.**

FILED  
97 MAY -2 AM 10:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

THE UNDERSIGNED, acting as incorporator of a corporation under the Florida General Corporation Act, Adopts the Following Articles of Incorporation:

Article One: The name of the corporation is G F I MANAGEMENT ASSOCIATES, INC.

Article Two: The period of its duration is perpetual.

Article Three: The general purposes for which the corporation is organized to engage in any activities or business permitted under the laws of the United States and the State of Florida.

Article Four: The aggregate number of shares which the corporation is authorized to issue is ONE HUNDRED (100) Shares. Such shares shall be of a single class, and shall have a par value of ONE DOLLAR. per share.

Article Five: The street address of the initial principal office of the corporation is: 791 NE DIXIE HWY, Jensen Beach, Fl 34957. The name of its initial registered agent is C. E. Nourse, at 791 NE Dixie Hwy, Jensen Beach, Fl 34957.

Article Six: The number of directors constituting the initial board of directors of the corporation is one (1). The address of said person is: Rob Graham, P. O. Box 7223, Pt. St. Lucie, Fl 34985.

Article Seven: The name and address of the incorporator is the same as its Director.

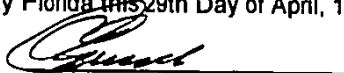
Executed by the undersigned at Stuart, Martin County, Florida on the 28th Day of April, 1997.

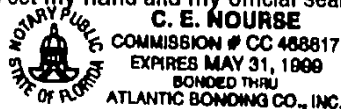


State of Florida  
County of Martin

Before me the undersigned authority, personally, appeared Rob Graham, who identified himself with a Florida Driver's License and who subscribed the above Articles of Incorporation and acknowledged before me according to the law.


In Witness Whereof, I have hereunto set my hand and my official seal, at Stuart, Martin County Florida this 29th Day of April, 1997.

  
Notary Public



Acceptance of Appointment as Registered Agent

I hereby accept the appointment of registered agent. I am familiar with and accept the obligations of §807.325 Florida Statutes. Dated April 28, 1997

  
C. E. Nourse