

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302
(904) 224-1170 • 1-800-342-8062 • Fax (904) 222-1222

PA 7000051026

*Inc Management #2,
Inc.*

Signature _____

Requested by: *CJB*

Name _____

Date *6.5*

Time *943*

Walk-In _____

Will Pick Up _____

☒ Art of Inc. File _____
☐ LTD Partnership File _____
☐ Foreign Corp. File _____
☐ L.C. File 200002205222--7
-06/09/97--01013--010
☐ Fictitious Name File *****78.75 *****78.75
☐ Name Reservation _____
☐ Merger File _____
☐ Art. of Amend. File _____
☐ RA Resignation _____
☐ Dissolution / Withdrawal _____
☐ Annual Report / Reinstatement _____
☐ Cert. Copy _____
☒ Photo Copy _____
☒ Certificate of Good Standing _____
☐ Certificate of Status _____
☐ Certificate of Fictitious Name _____
☐ Corp. Record Search _____
☐ Officer Search _____
☐ Fictitious Search _____
☐ Fictitious Owner Search _____
☐ Vehicle Search _____
☐ Driving Record _____
☐ UCC 1 or 3 File _____
☐ UCC 11 Search _____
☐ UCC 11 Retrieval _____
☐ Courier _____

FILED
97 JUN 10 AM 11:41
TALLAHASSEE FLORIDA
RECEIVED
97 JUN -9 AM 9:37



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

June 9, 1997

CAPITAL CONNECTION INC
417 E. VIRGINIA ST.
SUITE 1
TALLAHASSEE, FL 32302

SUBJECT: MAIL MANAGEMENT #2, INC.
Ref. Number: W97000013427

We have received your document for MAIL MANAGEMENT #2, INC. and check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name and capacity of the person signing as incorporator on behalf of CAPITAL CONNECTION must be stated beneath the signature.

If you have any questions concerning the filing of your document, please call (904) 487-6934.

Loria Poole
Corporate Specialist

Letter Number: 297A00030898

RECEIVED
97 JUN 10 AM 10:04
DIVISION OF CORPORATION

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:

MAIL MANAGEMENT # 2, INC.

ARTICLE II PRINCIPAL OFFICE

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

C/O LAWRENCE M. DIMINO
970 OLD OAK CT.
WELLINGTON, FL. 33414

ARTICLE III SHARES

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

(100) ONE HUNDRED SHARES HAVING
A PAR VALUE OF (.01) PER SHARE

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

LAWRENCE M. DIMINO
970 OLD OAK CT.
WELLINGTON, FL. 33414

SECRETARY OF STATE
TALLAHASSEE FLORIDA

97 JUN 10 AM 11:41

FILED

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):

LAWRENCE M. DIMINO
970 OLD OAK CT.
WELLINGTON FL 33414

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

4 day of JUNE, 19 97.



Signature Lawrence Dimino, Incorporator

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:

MAIL MANAGEMENT #2, INC.

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

LAURENCE M. DIMINO
(NAME)

970 OLD OAK CT.

(P.O. Box or Mail Drop Box NOT ACCEPTABLE)

WELLINGTON, FL 33414
(CITY/STATE/ZIP)

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.

(SIGNATURE)

6/4/97
(DATE)

97 JUN 10 AM 11:41
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED