

99700006096
TRANSMITTAL LETTER

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 JUN 25 PM 4:00

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

SUBJECT: Capricorn One Services, Inc.
(Proposed corporate name - must include suffix)

800002222288--1
-06/25/97--01012--007
***122.50 ***122.50

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

\$70.00 \$78.75 \$122.50 \$131.25

FROM: Mr. & Mrs. Frank/Flora Poirier
Name (printed or typed)

3005 E. Elm St.
Address

Tampa, Florida 33610
City, State & Zip

1-813-238-7730
Daytime Telephone number

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

6-25-97
WS

ARTICLES OF INCORPORATION

OF

Capricorn One Services, Inc.

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:

Capricorn One Services, Inc.

ARTICLE II PRINCIPAL OFFICE

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

3005 E. Elm St.
Tampa, FL 33610

ARTICLE III SHARES

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

5000 Shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Sharon K. Postcar
- 12111 Fruitwood Drive
- Riverview, FL 33569

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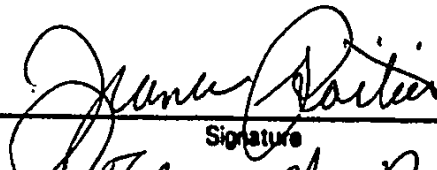
ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

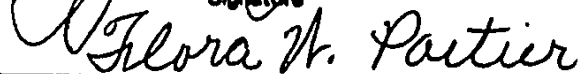
Frank Partier
3005 E. Elm Street
Tampa, FL 33610

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

11 day of June, 1997.



Signature



Signature

Signature

Articles of Incorporation
Filing Fee - \$35

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

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, 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: Capricorn One Services, Inc.

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

Sheron K. Porter
(Name)
12111 Fruitwood Dr
(P.O. Box not acceptable)
Riverview, FL 33569
(City/State/Zip)

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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.

Sheron K. Porter
(Signature)

6/11/97