

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302
(904) 224-8870 • 1-800-342-8062 • Fax (904) 222-1222

Triple-S Distribution
Services, Inc.

Signature _____

Requested by: DN

Name _____

Date 8/18

Time 10:00

Walk-In _____

Will Pick Up _____

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-08/18/97--01021--017
*****70.00 *****70.00

Art of Inc. File _____
LTD Partnership File _____
Foreign Corp. File _____
L.C. File _____
Fictitious Name File _____
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 AUG 18 PM 12:32
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

RECEIVED
97 AUG 18 AM 10:18
DIVISION OF CORPORATION

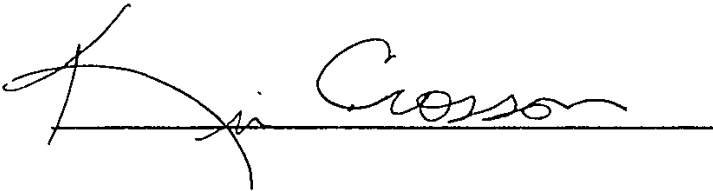
Capital Connection, Inc.

Filing and Retrieval Service
1-800-342-8062

ASSIGNMENT

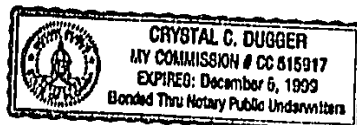
KNOW ALL MEN BY THESE PRESENTS, that the undersigned in consideration of the sum of one dollar (\$1.00) and other good and valuable consideration, receipt of which is hereby acknowledged, hereby sells, transfers and assigns unto **Triple - S Distribution Services, Inc.** all her right, title and interest in and to the subscription for stock in said corporation and hereby relinquishes all interest therein.

"Capital Connection, Inc. by Kim Crosson, Office Manager"

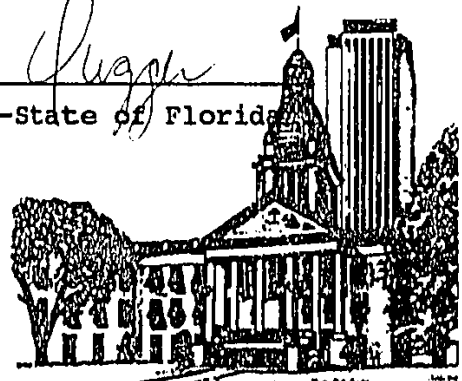


STATE OF FLORIDA
COUNTY OF LEON

The foregoing ASSIGNMENT was acknowledged before me this 18th day of August 1997 by Kim Crosson, who is personally known to me and who did not take an oath.




Notary Public-State of Florida



417 E. Virginia St., Suite 1 32301 • (904) 224-8870
Post Office Box 10349 • Tallahassee, FL 32302

ARTICLES OF INCORPORATION

OF

Triple - S Distribution Services, Inc.

FILED
97 AUG 18 PM 12:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 **Triple - S Distribution Services, Inc.**

ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of the corporation is 4301 Hoffman Ave, Spring Hill, FL 34606.

ARTICLE III: CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is ten thousand (10,000) shares having a par value of (\$1.00) per share.

ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is Thomas Hogan, 20 S. Broad St., Brooksville, FL 34601.

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


Edward Prendergast, President, 4301 Hoffman Ave, Spring Hill, FL 34601.

Frances Prendergast, Treasurer, 4301 Hoffman Ave, Spring Hill, FL 34601.

Annmarie Fitzsimmons, Secretary, 1338 Henry Ave, Spring Hill, FL 34608.

The undersigned has executed these Articles of Incorporation this 18th day of August 1997.

"Capital Connection, Inc. by Kim Crosson, Office Manager"

A handwritten signature in cursive script, appearing to read "Kim Crosson", is written over a horizontal line.

**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: Triple - S Distribution Services, Inc.

2. The name and street address of the registered agent and office is: Thomas Hogan
20 S. Broad St.
Brooksville, FL 34601

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.

FILED
97 AUG 18 PM 12:32
TALLAHASSEE FLORIDA
STATE

