CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302 (850) 224-8870. • 1-800-342-8062 • Fax (850) 222-1222

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FILED SLUKETARY OF STATE STYLSTON OF CORPORATIONS

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EMB Advent wes, Inc.	
	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	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
Signature	Fictitious Owner Search
Signature	Vehicle Search
	Driving Record
Requested by:	UCC 1 or 3 File
	UCC 11 Search
Name Date Time	UCC 11 Retrieval
Walk-In Will Pick Up	Courier
	[-17-9]

ARTICLES OF INCORPORATION

of

	gned acting as the incorpor cles of incorporation for su			usiness Corporation Act, adopt(s)
		ARTICLE I	- CORPORATE NAME	
The name o	f the corneration is:		••••	ت <u>ت</u> خ.خ.
rne name o	f the corporation is:	INC		3 00m ≥ 69 -
1100	NEDOGIO (OCIZO)	7	•	
		ARTIC	LE II - DURATION	F CORP
This corpor	ation shall exist perpetually	unless dissol	ved according to Florida lav	STATE SRATIO
		ARTIC	LE III - PURPOSE	The state of the s
	I the State of Florida.	irpose or enga	ging in any delivities or ode	iness permitted under the laws of th
		ARTICLE	IV - CAPITAL STOCK	
The corpora	ation is authorized to issue	(600 sl	nares of common stock, par	value \$ 1 - 00 per share
The street a			IITIAL PRINCIPAL OFFICE if different, the mailing add	
STREET ADDR	ESS	-		<u>-</u>
400	WEST MIRPO	DOLL 1	20.	
	5BRSTIAN		FLORIDA	ZIP 32958
	ddress, if different	-		
STREET ADDR			-	
			····	
CITY			FLORIDA	ZIP
	ADTICLEN	T TATEFIAL D	EGISTERED OFFICE A	ND ACENT
The street				al registered agent at the office i
NAME NON	SICA CARISTI	76 i	STESS NONCH	
ADDRESS LL		ATRIORI	eo.	
,	BASTTON		FLORIDA	ZIP \$2958

ARTICLE VII - INITIAL BOARD OF DIRECTORS

This corporation shall have	Laws, but shall ne	ors initially. The nuver be less than on	umber of direct e (1). The name	ors may b es and
NAME MONICA CHRISTINE BI	iesenbace	•		
ADDRESS 400 WEST AFRAULT	RD.			
CITY SEBASTIAN	STATE	FL	ZIP 32	.958
NAME GERWALD ULRECH BLESS	SNBRCH			
ADDRESS 400 WEST ATRACT ED	>.			
CITY SERVICE IAN	STATE	FL	ZIP 3	r228
NAME				
ADDRESS	<u>-</u> ·	-		
CITY	STATE	-	ZIP	
	isensach D.			
ADDRESS 400 WEST ATRPORT R	STATE		ZIP 32	900
	SE NBACH			
ADDRESS 400 WIST ATRIORT	RD.			
CITY SEBASTIAN	STATE	PC	ZIP 3	<u> </u>
NAME -		<u>-</u>	 	
ADDRESS	· · · · · · · · · · · · · · · · · · ·			
CITY	STATE		ZIP	
The undersigned incorporator(s) have executed these A day of NOUEM DETC.	Articles of Incorp	coration this 1	(Sig	nature)
				nature)

CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE

FMB	ADU§N.	TURES :	ENC. poration)		97 NOV 17 PM 1: 30
					Ō
Pursuant to Florida	a Statutes Section	ons 48.091 and 60	07.0501, the	following is submi	tted:
The above corpora	ition, organized	l under the laws o	f the State of	f Florida with its re	gistered offic
as indicated in the	Articles of Inco	orporation			
at 400 W	ST ATM	cport r	D		
SEDASTA	U FC	32958	_		*
has named Mon	SICA C	WRISTING	BITTE	NBACH	
located at the afore	esaid address, a	as its registered ag	gent to accep	t service of process	within this
state.					
Having been name	ed as registered	agent and to acce	ept service o	f process for the ab	ove stated
_				accept the appointm	
				omply with the pro	
			· =	duties, and I am fa	
and accept the obl					
and accept the ob-	igadons of my	position as regist	ered agent.		
τ ω Ω τ		\.	11.	en ezinizin	100-
V1618	(Signature)	Z(X (14	NOUBMBER_ (Date)	1001