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

100002384511--7 -12/29/97--01096--004 \*\*\*\*\*70.00 \*\*\*\*\*70.00

SUBJECT: Proposed corporate name - must include suffix)

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

\$70.00 Filing Fee

\$78.75

Filing Fee

& Certificate

\$122.50

\$131.25

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: WILLIAM E CRAIG

Name (Printed or typed)

Name (Printed or typed)

756 WINDLASS WAY

Sanbel FL 33957 City, State & Zip

941 472-22 2 5 Daytime Telephone number 98 JAN -8 AM 8: 48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EFFECTIVE DATE

01-02-98

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

JN1-8-98

## ARTICLES OF INCORPORATION

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 shall be:

QUINCUNX, Inc.

#### ARTICLE II PRINCIPAL OFFICE

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

756 WINDLASS WAY

SANIBEL FL 33957-4918

EFFECTIVE DATE

#### ARTICLE III SHARES

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

ONE THOUSAND SHARES

# ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

WILLIAM E CRAIG.

756 WINDLASS WAY SANIBEL FL 33957-4918

## ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

WILLIAM E. CRAIG

756 WINDLASS WAY SANIBEL FL 33957

RTICIEUL EFFECTIVE DATE - JAN 2, 1998

Signature/Incorporator

0 177

Date

(An additional article must be added if an effective date is requested.)

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/Registered Agent

10,1771

Date

#### AFFIDAVIT

| TO | WHOM | IT | MA' | Y C | ONCE | RN: |
|----|------|----|-----|-----|------|-----|

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|----------|---|--------|-----|---------------|----|
| <br>1 LZ |   | lo l r | •   |               |    |

I, WILLIAM E. CRAIG, THE REGISTERED AGENT OF QUINCUNX, INC., A NOT FOR PROFIT CORPORATION DO NOT WISH TO REVOKE MY DECISION OR TO REINSTATE THIS NOT FOR PROFIT CORPORATION AND HEREBY RELEASE THE NAME, QUINCUNX, INC FOR USE BY ANY OTHER CORPORATION

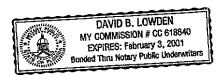
COUNTY OF LEE STATE OF FLORIDA

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 6 DAY OF DECEMBER 1998 BY WILLIAM E. CRAIG WHO IS PERSONALLY KNOWN TO ME OR WHO PRODUCED Drivers License AS IDENTIFICATION AND WHO DID NOT TAKE AN OATH

My commission expires

NOTARY PUBLIC

My commission No. is 2-3-01



EFFECTIVE DATE

01-02-98