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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Kelle Dixon, 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
Signature Requested by: Dull July 8 30 Name Date Time Walk-In Will Pick Up	Certificate of Status

ARTICLES OF INCORPORATION

of

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tion, natural person(s) compe	tent to contract, hereby form a
RPORATE NAME	ా
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on, Inc	AP 022
- DURATION	PAR F
eccording to Florida law.	A P
- PURPOSE	i STV
	ermitted under the laws of he
APITAL STOCK	
red shares (500)	of One
-	
	NT
he corporation is:	
	·
	ZIP 3307 1
FLORIDA	ZIP 3307(
BOARD OF DIRECTORS	
directors initially. The num s, but shall never be less that as follows:	ber of directors may be either an one (1). The names and
•	
STATE C	ZIP 33 071
-	
	
STATE	ZIP
STATE	ZIP
STATE	ZIP
	DURATION ccording to Florida law. - PURPOSE n any activities or business per APITAL STOCK -

PAGE 1

SEMINOLE-MIAMI

FORM 215: ARTICLES OF INCORPORATION, PAGE 1

ARTICLE VII - INCORPORATORS

,The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME Kelle Dixon		· · · · · · · · · · · · · · · · · · ·
ADDRESS 1729 Coral Ridge	Prive	
ADDRESS 1729 Coral Ridge	STATE [ZIP 3367/
NAME `	•	
ADDRESS		
CITY	STATE	ZIP
NAME		
ADDRESS		
	STATE	ZIP
CITY	SIAIE	211
	Agelle Deyo	(Seal)
before me, a Notary Public authorized to take appeared	SS acknowledgements in the State and Coun	
Kelle Dixon		
known to me and known to be the person(s) who executed the foregoing Articles	of Incorporation, and who
acknowledged before me thate		C. 2
additionaged egiste me that	4	
IN WITNESS WHEREOF, I have hereunto affirday of April 19 68	xed my hand and seal, in the State and Cou	nty aforesaid, this 6
(Notary Seal)	(Notary Public, State of florida at Large) EVEN My Commission expires:	TN M. MALONE
1.0 DR. Lice	CC505644 MY COMMISSION EXP.	

CERTIFICATE AND ACKNOWLEDGEMENT OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT

OF

Kelle Dixon

(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted: The above corporation, desiring to organize under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

at	1729	Coral	Ridge	Dr.	···
	Coral	Spen	ngs Fl	33071	-
has	s named K	elle 1	Dixon		
loc	ated at the afo	resaid addre	ess, as its Regist	ered Agent to acce	pt service of process
wit	hin this state.				

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.

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SELECTION OF CORPORATIONS