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Date  
May 7, 1998

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

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-06/18/98--01046--008  
\*\*\*\*122.50 \*\*\*\*122.50

Re: Working Capital Solutions, Inc.  
(name of corporation)

Gentlemen:

Enclosed please find the original and one copy of Articles of Incorporation, together with my check in the amount of \$122.50.

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours,

Phyllis A. Berry  
(individual's name)

Working Capital Solutions Inc.  
(name of corporation)

MAILING ADDRESS OF CORPORATION		
100 SR 419 Suite 220		
Winter Springs, FL 32708		
PHONE		
(407)	327-7714	
Area Code	Number	Ext.

APPROVED  
AND  
FILED

98 JUN 18 AM 9:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# ARTICLES OF INCORPORATION

of

Working Capital Solutions, Inc.  
(name of corporation)

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

## ARTICLE I - CORPORATE NAME

The name of the corporation is:

Working Capital Solutions, Inc.

## ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

## ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

## ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue ten thousand shares (10,000) of one Dollar(s) (\$ 1.00) par value Common Stock, which shall be designated "Common Shares."

## ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The street address of the Initial Registered Agent office and the name of the Initial Registered Agent at that office is:

NAME	<u>Phyllis A. Berry</u>		
ADDRESS	<u>100 SR 419 Suite 220</u>		
CITY	<u>Winter Springs</u>	FLORIDA	ZIP <u>32708</u>

The principal office, if known, or the mailing address of the corporation is:

NAME	<u>Working Capital Solutions</u>		
ADDRESS	<u>100 SR 419 Suite 220</u>		
CITY	<u>Winter Springs</u>	FLORIDA	ZIP <u>32708</u>

## ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have two (2) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME	<u>Candy G. Basworth</u>		
ADDRESS	<u>3023 Crystal Oak Court</u>		
CITY	<u>Orlando</u>	STATE <u>FL</u>	ZIP <u>32806</u>
NAME	<u>Phyllis A. Berry</u>		
ADDRESS	<u>123 Colechester Lane</u>		
CITY	<u>Palm Coast</u>	STATE <u>FL</u>	ZIP <u>32137</u>
NAME			
ADDRESS			
CITY		STATE	ZIP

98 JUN 18 AM 9:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

# ARTICLE VII - INCORPORATORS

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

NAME	Candy G. Bosworth		
ADDRESS	3023 Crystal Oak Court		
CITY	Orlando	STATE	FL ZIP 32806
NAME	Phyllis A. Berry		
ADDRESS	123 Colechester Lane		
CITY	Palm Coast	STATE	FL ZIP 32137
NAME			
ADDRESS			
CITY		STATE	ZIP

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

\_\_\_\_\_(Seal)  
\_\_\_\_\_(Seal)  
\_\_\_\_\_(Seal)

STATE OF FLORIDA )  
COUNTY OF \_\_\_\_\_ ) SS

before me, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared:

x Candy G. Bosworth  
Signature

Form of Identification

Phyllis A. Berry  
Signature

Form of Identification

Signature

Form of Identification

known to me and known to be the person(s) who executed the foregoing Articles of Incorporation, who acknowledged before me that \_\_\_\_\_ executed these Articles of Incorporation, that I relied upon the form of identification of the above named person as indicated opposite each name, and that an oath was not taken.

NOTARY RUBBER STAMP SEAL

Witness my hand and official seal in the County and State last aforesaid this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

Notary Signature

Printed Notary Signature

CERTIFICATE AND ACKNOWLEDGEMENT  
OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT  
OF

Working Capital Solutions, Inc.  
(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 100 SR 419 Suite 220  
Winter Springs, FL 32708

has named Phyllis A. Berry  
located at the aforesaid address, as its Registered Agent to accept service of process  
within 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.

Phyllis A. Berry  
(registered agent)

APPROVED  
AND  
FILED  
98 JUN 18 AM 9:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA