

P99000038586

TRANSMITTAL LETTER

April 20, 1999

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

Subject: Connors-Walker Direct, Inc.

500002851495--3  
-04/26/99-01067-015  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

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

\$70.00  
Filing Fee

From: Anna L. Brown  
1100 Fifth Avenue South, Suite 201  
Naples, FL 34102  
(941) 435 - 3537

FILED  
99 APR 26 PM 2:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. SMITH APR 28 1999

## 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: Connors-Walker Direct, Inc.

### **ARTICLE II: PRINCIPAL OFFICE**

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

5050B Ninth St. North  
Naples, FL 34103

### **ARTICLE III: SHARES**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is 1000.

### **ARTICLE IV: INITIAL REGISTERED AGENT AND STREET ADDRESS**

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

Anna L. Brown  
1100 Fifth Avenue South, Suite 201  
Naples, FL 34102

### **ARTICLE V: INCORPORATOR**

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

Anna L. Brown  
1100 Fifth Avenue South, Suite 201  
Naples, FL 34102

### **ARTICLE VI: INITIAL DIRECTOR**

The names and addresses of the initial directors to this corporation are:

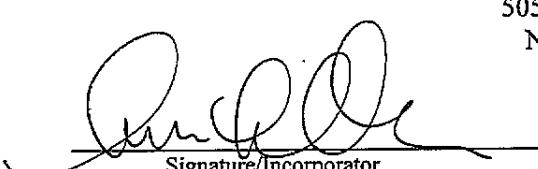
Gary S. Walker  
5050B Ninth St. North  
Naples, FL 34103

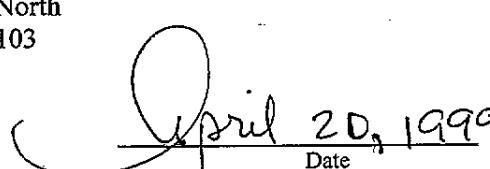
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

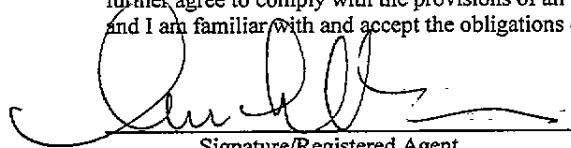
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

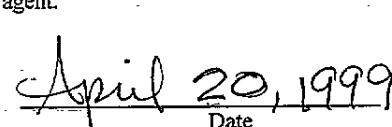
99 APR 26 PM 2:25

FILED

  
Signature/Incorporator

  
Date

  
Signature/Registered Agent

  
Date