

999000098479

CAPITAL CONNECTION, INC.

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

2:00 of FLA, Inc

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- FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
99 NOV -9 PM 12:30
- ☒ 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 \_\_\_\_\_  
☐ Fictitious Owner Search \_\_\_\_\_  
☐ Vehicle Search \_\_\_\_\_  
☐ Driving Record \_\_\_\_\_  
☐ UCC 1 or 3 File \_\_\_\_\_  
☐ UCC 11 Search \_\_\_\_\_  
☐ UCC 11 Retrieval \_\_\_\_\_  
☐ Courier \_\_\_\_\_

Signature \_\_\_\_\_

Requested by: \_\_\_\_\_

Name \_\_\_\_\_

Date 11/9

Time 9:43

Walk-In \_\_\_\_\_

Will Pick Up \_\_\_\_\_

RECEIVED  
99 NOV -9 AM 9:59  
TALLAHASSEE, FLORIDA

# **ARTICLES OF INCORPORATION**

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DIVISION OF CORPORATIONS  
99 NOV -9 PM 12:30

**OF**

**ZIDE OF FLA., INC.**

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 is **ZIDE OF FLA., INC.**

## **ARTICLE II: PRINCIPAL OFFICE**

The principal place of business and mailing address of the corporation is 11950 Seminole Boulevard, Largo, FL 33778.

## **ARTICLE III: CAPITAL STOCK**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is one thousand (1,000) shares having a par value of (\$1.00) per share.

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

The name and address of the initial registered agent is Ernest J. DeFilippi, 11950 Seminole Boulevard, Largo, FL 33778.

## **ARTICLE V: INCORPORATOR**

The name and address of the incorporator of these Articles of Incorporation is Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL 32301.

## **ARTICLE VI: SPECIAL PROVISION**

It is the intent of the incorporator and directors that the corporation qualify under Section 1244 of the Internal Revenue Code and that the corporation file as a Sub S Corporation. Such actions as are necessary will be taken by the appropriate officers to accomplish this compliance.

## **ARTICLE VII: PRE-EMPTIVE RIGHTS**

Every shareholder, upon the sale for cash of any new stock of this corporation, shall have the right to purchase his pro-rata share thereof at the price at which it is offered to others.

The undersigned has executed these Articles of Incorporation this 9th day of November 1999.

"Capital Connection, Inc. by Chris Grunewald, Client Representative"

Chris Grunewald

CERTIFICATE OF DESIGNATION OF

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

REGISTERED AGENT/REGISTERED OFFICE

99 NOV -9 PM 12:30

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is : ZIDE OF FLA., INC.

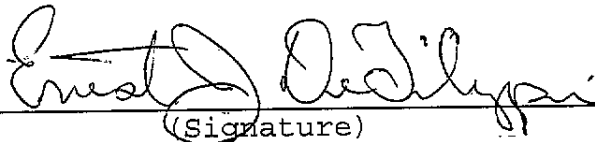
2. The name and address of the registered agent and office is:

Ernest J. DeFilippi

11950 Seminole Boulevard

Largo, FL 33778

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)

11/4/99  
(Date)

ERNEST J. DEFILIPPI, Sec./Treas.  
Printed Name, Title