

FO1000600354

CCH CORPORATION SYSTEM

CORPORATION(S) NAME

Organized Living, Inc.

FILED
01 JAN 19 AM 9:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Nonprofit | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| <input checked="" type="checkbox"/> Foreign <i>Qualification</i> | <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Other |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Change of RA |
| <input type="checkbox"/> LLC | <input type="checkbox"/> Name Registration | <input type="checkbox"/> UCC |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Fictitious Name | <input type="checkbox"/> CUS |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Photocopies | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Call If Problem (7) | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | <input type="checkbox"/> Will Wait | |

01 JAN 19 PM 4:32
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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Name _____
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Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____

1/19/01

Order#: 3504207

Ref#: _____

Amount: \$

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-01/22/01-01002-013
*****70.00 *****70.00

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

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TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Organized Living, Inc.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Julie Coyne
(Name of Person)
CT Corporation
(Firm/Company)
120 South Central Ave. Ste. 400
(Address)
Clayton, MD 63105
(City/State and Zip code)

For further information concerning this matter, please call:

Julie Coyne at (800) 325-2671 x 3031
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

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1. Organized Living, Inc.

(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. Kansas

(State or country under the law of which it is incorporated)

3. 48-0999142

(FEI number, if applicable)

4. 03/01/85

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. upon qualification

(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.") (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 9851 Lackman Road, Lenexa, KS 66219

(Principal office address)

same

(Current mailing address)

To own and operate a retail store for the sale of home products and accessories and any and all products related thereto.

8.

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324

(City)

(Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

By:

C T Corporation System

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

SEE ATTACHMENT

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Chairman: Ronald G. Stegall

Address: 9851 Lackman Road
Lenexa, KS 66219

Vice Chairman: _____

Address: _____

Director: Mark C. Ferrel

Address: 9851 Lackman Road
Lenexa, KS 66219

Director: Howard Thomas

Address: 9851 Lackman Road
Lenexa, KS 66219

B. OFFICERS

President: Mark C. Ferrel

Address: 9851 Lackman Road
Lenexa, KS 66219

Sr. Vice President: Thomas D. Nugent

Address: 9851 Lackman Road
Lenexa, KS 66219

Secretary: Elaine D. Goth

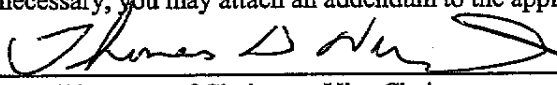
Address: 9851 Lackman Road Lenexa, KS 66219

Treasurer: _____

Address: _____

SEE ATTACHMENT

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Thomas D. Nugent, Senior Vice President
(Typed or printed name and capacity of person signing application)

Attachment to Florida
 Application By Foreign Corporation for Authorization to Transact Business In Florida
Officers & Directors

- | | | |
|----|---|---|
| 1. | Full Name: Officer/Director: Director's Title: Business Address: City: State: ZIP Code: | Mark C. Ferrel Officer, Director Other Director 9851 Lackman Road Lenexa KS 66219 |
| 2. | Full Name: Officer/Director: Director's Title: Business Address: City: State: ZIP Code: | Elaine D. Goth Officer 9851 Lackman Road Lenexa KS 66219 |
| 3. | Full Name: Officer/Director: Director's Title: Business Address: City: State: ZIP Code: | Thomas D. Nugent Officer 9851 Lackman Road Lenexa KS 66219 |
| 4. | Full Name: Officer/Director: Director's Title: Business Address: City: State: ZIP Code: | Ligaya (Lee) C. Raymundo Officer 9851 Lackman Road Lenexa KS 66219 |
| 5. | Full Name: Officer/Director: Director's Title: Business Address: City: State: ZIP Code: | Ronald G. Stegall Director Chairman 9851 Lackman Road Lenexa KS 66219 |

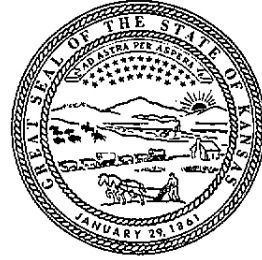
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6. Full Name: Howard Thomas
Officer/Director: Director
Director's Title: Other Director
Business Address: 9851 Lackman Road
City: Lenexa
State: KS
ZIP Code: 66219
7. Full Name: Craig S. Wielansky
Officer/Director: Director
Business Address: 9851 Lackman Road
City: Lenexa
State: KS
ZIP Code: 66219
8. Full Name: William M. Reisler
Officer/Director: Director
Business Address: 9851 Lackman Road
City: Lenexa
State: KS
ZIP Code: 66219
9. Full Name: John Marmaduke
Officer/Director: Director
Business Address: 9851 Lackman Road
City: Lenexa
State: KS
ZIP Code: 66219
10. Full Name: Ronald G. Kalish
Officer/Director: Director
Business Address: 9851 Lackman Road
City: Lenexa
State: KS
ZIP Code: 66219

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STATE OF KANSAS

OFFICE OF
SECRETARY OF STATE
RON THORNBURGH



To all to whom these presents shall come, Greetings:

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TALLAHASSEE, FLORIDA

I, RON THORNBURGH, Secretary of State of the state of Kansas, do hereby certify that I am the custodian of records of the State of Kansas relating to corporations and that I am the proper official to execute this certificate.

I FURTHER CERTIFY THAT

ORGANIZED LIVING, INC.

is a regularly and properly organized corporation under the laws of the state of KANSAS, having been incorporated in Kansas on the 1st day of March, A.D. 1985 and has paid all fees and franchise taxes due this office and is in good standing according to the records now on file in the office of Secretary of State.

In testimony whereof:

I hereto set my hand and cause to be affixed my official seal.
Done at the City of Topeka, this
8th day of January, A.D. 2001



A handwritten signature in cursive script that reads "Ron Thornburgh".

RON THORNBURGH
SECRETARY OF STATE