F01000003517

TRANSMITTAL LETTER

Company Comp	į	TO: Registration Section Division of Corporations	
(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", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation — 06/11/01—01045—002 *** PAULD WYLIE CPA *** (Name of Person)		SUBJECT: LITTLETON COMPANY, TN	
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: DAVID E. WLIE CPA		(Name of corporation - must include suffix)	
Please return all correspondence concerning this matter to the following: DAVID E. WLIE CPA		Dear Sir or Madam:	
PAVID E. Wy LIE CPA 70000439EE37—06/11/01—01045—002 Name of Person		"Certificate of Existence", and check are submitted to register the above referenced foreign corporation	
Paulo Wylie CPP *********************************		Please return all correspondence concerning this matter to the following:	
Paulo Wylie CPP *********************************			_
City/State and Zip code		2007 67010 77	
PO Box 545 SPRUCE PINE NC 28777		DINOIS VOYERE CAR	ne.
SPRUCE PINE, NC 2877) (City/State and Zip code)			
SPRUCE PINE NC 28777 (City/State and Zip code)			
For further information concerning this matter, please call: DAVID W/LIE at (\$2\$) 765-1040 AFE		·	
Name Availability Document Examiner Examiner Updater Updater Updater Verifyer Acknowledgement DAVID Name (Area Code & Daytime Telephone Number) (Area Code & Dayti		(City/State and Zip code)	
Name Availability STREET ADDRESS: Registration Section Division of Corporations 409. E. Gaines-St. Updater Updater Verifyer Acknowledgement DCC (Area Code & Daytime Telephone Number) Area Code & Daytime Telephone Number) Area Code & Daytime Telephone Number) All ING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 S78.75 Filing Fee & \$78.75 Filing Fee & \$87.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy		For further information concerning this matter, please call:	
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Availability Document Examiner Document Examiner Division of Corporations 409 F. Gaines St. Updater Updater Updater Verifyer Acknowledgement DCC Certificate of Status MAILING ADDRESS: Registration Section Division of Corporations Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 S78.75 Filing Fee & \$78.75 Filing Fee & \$87.50 Filing Fee, Certificate of Status & Certified Copy Certificate of Status & Certified Copy	ernesisten Etik	(Name of Person) (Area Code & Daytime Telephone Number)	
Division of Corporations 409 F. Gaines St. Updater Tallahassee, FL 32399 Updater Updater Enclosed is a check for the following amount: Verifyer Acknowledgement Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Fee S78.75 Filing Fee & S78.75 Filing Fee & S87.50 Filing Fee, Certificate of Status Certified Copy Certificate Of Status & Certified Copy	Availability	STREET ADDRESS: MAILING ADDRESS:	
Updater Tallahassee, FL 32314 Updater Enclosed is a check for the following amount: Verifyer S70.00 Filing Fee S78.75 Filing Fee & \$78.75 Filing Fee & \$87.50 Filing Fee, Acknowledgement DCC Certificate of Status Certified Copy Certificate of Status & Certified Copy		Division of Corporations Division of Corporations	
Verifyer 7 \$70.00 Filing Fee \$78.75 Filing Fee & \$78.75 Filing Fee & \$87.50 Filing Fee, Acknowledgement DCC Certificate of Status Certified Copy Certificate of Status & Certified Copy	Updater	T. (1. 201. V.)	
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FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

June 19, 2001

DAVID E. WYLIE, CPA P.O. BOX 545 SPRUCE PINE, NC 28777

SUBJECT: LITTLETON COMPANY, INC.

Ref. Number: W01000013986

We have received your document for LITTLETON COMPANY, INC. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the DOCUMENT SPECIALIST indicated.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6051.

Diane Cushing Corporate Specialist

Letter Number: 301A00037189

RESOLUTION OF BOARD OF DIRECTORS

(Please print or type)

I, the undersigned HARVEY K. LITTLETON, do hereby certify (Name)		•.
that this Resolution of the Board of Directors of LITTLETON COMPANY, INC.	– .	
(Corporate Name)	_	÷
a corporation duly organized and existing under the laws of the State of North CAROLINA	<u> </u>	
was duly adopted on JUNE 29, 2001 ,,	9-1	FILED
Be it resolved, that Littleton Company, Tuc (Corporate Name)	2	E
organized and existing in the State of North Chrown, hereby adopts the name	2: 57	-
LITTLETON COMPANY, INC. OF NC for use in Florida.		
Dated: June 24, 2001 Signature of either Chairman, Vice Chairman or any officer HARVEY K. LITTLE TON, PRES		

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Type or print name

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. (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. North Caroling 3. 56-1274075

(State or country under the law of which it is incorporated) (FEI number, if applicable) 4. MAY 29, 1980

(Date of incorporation)

5. DERDETUAL

(Duration: Year corp. will cease to exist or "perpetual") 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. 232 FASTRIDGE DRIVE, SPRUCE PINE, NC 28771

(Principal office address)

232 FASTRIDGE DRIVE, SPRUE PINE, NC 28777

(Current mailing address) 8. SALE OF ART

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) (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: _ CHESTER GRIFFIN Office Address: 311 SOUTH 2ND STREET SUITE 20C 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. (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:

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NORTH CAROLINA

Department of The Secretary of State

CERTIFICATE OF EXISTENCE

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

LITTLETON COMPANY, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 29th day of May, 1980, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 30th day of May, 2001.

Plaine I. Marshall

Secretary of State

Certification Number: 5593786-1 Page: 1 of 1 Ref. # 4617530 Verify this certificate online at www.secretary.state.nc.us/Verification.