

F05 000000653

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

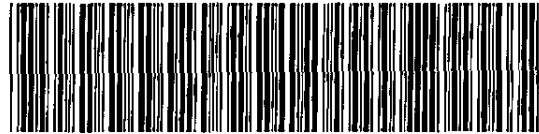
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800045706388

10 FEB 1993 10:00 AM ** 20.00

DEPT. OF REVENUE
TALLAHASSEE, FLORIDA
DIVISION OF STATE
AND LOCAL GOVERNMENT AFFAIRS
TALLAHASSEE, FLORIDA

05 FEB -3 AM 9:00

05 FEB -3 PM 4:53

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UCC FILING & SEARCH SERVICES, INC.
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February 3, 2005

FILED
 FEB 3 AM 9:00
 TALLAHASSEE, FLORIDA

CORPORATION NAME (S) AND DOCUMENT NUMBER (S):

Neil Larson Sharpening Services, Inc.

Filing Evidence

- Plain/Confirmation Copy
- Certified Copy

Retrieval Request

- Photocopy
- Certified Copy

Type of Document

- Certificate of Status
- Certificate of Good Standing
- Articles Only
- All Charter Documents to Include Articles & Amendments
- Fictitious Name Certificate
- Other

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non Profit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of RA Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Reports
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation
<input type="checkbox"/>	Reinstatement

REGISTRATION/QUALIFICATION	
<input checked="" type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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.

1. NEIL LARSON SHARPENING SERVICE, INC.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. CALIFORNIA

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

3. _____

(FEI number, if applicable)

4. 01/21/2003

(Date of incorporation)

5. 2030

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

6. _____

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 2022 BADGER GLEN, ESCONDIDO, CA 92029

(Principal office address)

2022 BADGER GLEN, ESCONDIDO, CA 92028

(Current mailing address)

8. BUSINESS MANAGEMENT

(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 NOT acceptable)

Name: KELLY K. HALL

Office Address: 225 ADAMS CREEK ROAD

DEFUNIAK SPRINGS

(City)

, Florida 32433

(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.

Kelly K. Hall
(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:

FILED
05 FEB - 3 AM 9:00
TALLAHASSEE STATE FLORIDA

A. DIRECTORS

Chairman: 32433

Address: 2008 GOSHAWK, SAN DIEGO, CA 92123

Vice Chairman: _____

Address: _____

Director: NEIL K. LARSON

Address: 2008 GOSHAWK

SAN DIEGO, CA 92123

Director: _____

Address: _____

B. OFFICERS

President: NEIL K. LARSON

Address: 2008 GOSHAWK

SAN DIEGO, CA 92123

Vice President: SAME AS ABOVE

Address: _____

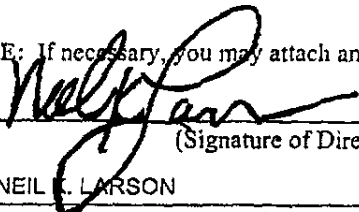
Secretary: NEIL K. LARSON

Address: 2008 GOSHAWK, SAN DIEGO, CA 92123

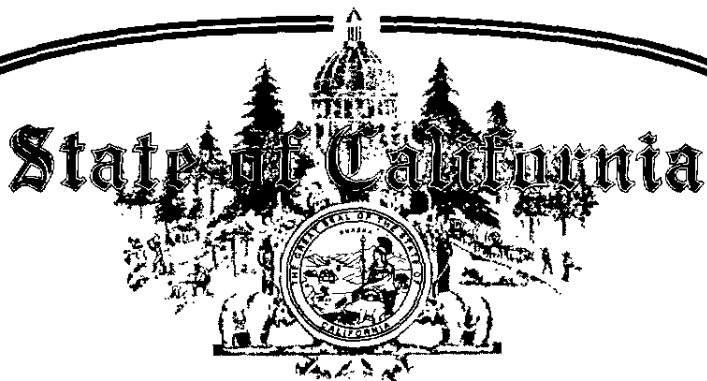
Treasurer: NEIL K. LARSON

Address: 2008 GOSHAWK, SAN DIEGO, CA 92123

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

13.  _____
(Signature of Director or Officer listed in number 12 of the application)

14. NEIL K. LARSON _____
(Typed or printed name and capacity of person signing application)



SECRETARY OF STATE

**CERTIFICATE OF STATUS
DOMESTIC CORPORATION**

I, KEVIN SHELLEY, Secretary of State of the State of California, hereby certify:

That on the **21st day of January, 2003**, **NEIL LARSON SHARPENING SERVICE, INC.** became incorporated under the laws of the State of California by filing its Articles of Incorporation in this office; and

That said corporation's corporate powers, rights and privileges are not suspended on the records of this office; and

That according to the records of this office, the said corporation is authorized to exercise all its corporate powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition, business activity or practices of this corporation.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of January 29, 2005.



Kevin Shelley
KEVIN SHELLEY
Secretary of State

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