F95000003210 TRANSMITTAL LETTER

TO: QUALIFICATION/TAX LIEN SECTION DIVISION OF CORPORATIONS

000001510340 -06/12/95--01039--017 *****70.00 *****70.00

| SUBJECT: TMA, Inc. (Name of corporation - must include suffix) | - | | |
|--|-----------|--|--------------------|
| Dear Sir or Madam: | | | |
| The enclosed "Application by Foreign Corporation for Authorization to Florida", "Certificate of Existence", and check are submitted to register foreign corporation to transact business in Florida. | the above | referenc | ced |
| Please return all correspondence concerning this matter to the following: | Wis | -121 | ' ' |
| Timothy B. Poirier (Name of Person) Lowry Hill Law Office (Firm/Company) 1900 Hennepin Avenue South (Address) Minneapolis, Minnesota 55403 (City, State and Zip Code) | \$ 7-5 | THE SECRET SECURITY OF THE PROPERTY OF THE PRO | SECRETARY OF STATE |
| Should you need to call someone concerning this matter, please call: Timothy B. Poirier at (612) 872-0222 . (Name of Person) Area Code & Daytime Telephone Number | er | T is | |
| | | | |

COURIER ADDRESS:

Qualification/Tax Lien Sec. Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 MAILING ADDRESS:

Qualification/Tax Lien Sec. Division of Corporations P. O. Box 6327 Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

June 15, 1995

TIMOTHY B. POIRIER LOWRY HILL LAW OFFICE 1900 HENNEPIN AVE. S. MINNEAPOLIS, MN 55403

SUBJECT: TMA, INC.

Ref. Number: W95000012179

We have received your document for TMA, 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 CORPORATE 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 (904) 487-6094.

Doug Dickinson Document Specialist

Letter Number: 495A00029343

1-984 - 488- 9000

RESOLUTION OF BOARD OF DIRECTORS

| l, the undersigned <u>Mary A. Christens</u> | sen, do hereby certify |
|--|--|
| that this Resolution of the Board of Directors o | TMA, Inc. |
| a corporation duly organized and existing under | the laws of the State ofMinnesota, |
| was duly adopted on <u>June 29</u> , 19 <u>9 :</u> | · • |
| Resolved, thatTMA, Inc | , organized |
| and existing in the State of Minnes | , hereby adopts the |
| name <u>Bike Key West, Inc.</u> | for use in Florida. |
| Dated: <u>June 29, 1995</u> | Mary a. Ministenser |
| | Mary A. Christensen, Director |
| , | SECRETARY STATES AND SECRETARY OF STATES |

LOWRY HILL LAW OPPIORS

AN ASSOCIATION, NOT A PARTNERSHIP

WILLIAM J. HANLEY TIMOTHY B. POIRIER MARK V. LOPETROM OF COUNSEL!

JOHN W. HATTRIGAN

1900 HENNEY NEW AUDUCTH MINNEAPOLIS, MINNEAPOLIS, MINNEAPOLIS, MINNEAPOLIS, (die) 078-0888

LEGAL ABBISTANTS:

KATHI KAUPPI

CYNDY KOEPP-MALHEHEK

LUANN BKRIVBETH

June 28, 1995

Mr. Doug Dickinson Document Specialist Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Re: Application for Registration of Foreign Corporation

Dear Mr. Dickinson:

Pursuant to your request enclosed please find a Resolution of Board of Directors authorizing the Minnesota corporation known as TMA, Inc. to use the name Bike Key West, Inc. in the state of Florida. I have checked with the Division of Corporations and have been advised that the name "Bike Key West" is available. Further, pursuant to your instructions, I am returning copies of the transmittal letter and your June 15th letter with this correspondence.

If you have any further questions regarding this matter, please do not hesitate to contact me.

Sincerely,

LOWRY HILL LAW OFFICES

ly B. Povier

Timothy B. Poirie

TBP:clk Enc.

cc: Ms. Mary A. Christensen

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:

| t. TMA, Inc. | | ST CONTROL | | | |
|--|--|--------------------------------|----------------|------------------|--------------|
| (Name of corporation: must include the wo abbreviations of like import in language as or partnership if not so contained in the na | ord INCORPORATE Will clearly indicate | D", "COMPAI that it is a co | VY", "CORP | ORATION of | r words or |
| or partnership if not so contained in the na | mo at prosent.) | | poradorrii | 1310410 01 4 116 | imiai purson |
| | | | | | |
| 2. <u>Minnesota</u> | 3. | 41-1790 | 790 | | |
| (State or country under the law of which it is | s incorporated) | (FEI numb | | ablat | |
| | | | ort is obbine | , | |
| (Date of Incorporation) | 5. perpetua | Yoar corp. w | Hi | | |
| , | | Toar Corp. W | AII CODSO TO | axist or "per | potual') |
| 6. anticipate start up June | 1995 | | | | |
| (Date first transacted business in Florida. (5 | ao saotions 607,1501, 6 | 7,1502, and 817 | '.165, F.S.) | | |
| 7. <u>2606 Fogarty</u> | 245 120t | <u>h Lane N</u> | .W. | | |
| | | | | | |
| Koy West, FL 33040 | | ids, Min | <u>ne</u> sota | 55448 | |
| (Current mailing | addross) | | | | |
| 0 | | | | | <i>a</i> = |
| 8. <u>General Business Purpose</u> (Purpose(s) of corporation authorized in l | S. | | | | |
| ii dipodojo, oi doi potadoji addiotizad iii i | HOTHE SIZE OF COME | iy w be carri | מו זווס מני | o state of Fig | onda) 드 기원 |
| 9. Name and street address of Flo | rida roaletorod | acanti | | | 1 |
| | ilda legistered | ayent. | | | ्य क्ष |
| Name: | R. Christens | en | | | - T |
| | | | _ | | |
| Office Address: 2606 Fog | arty | | _ | | <u> </u> |
| 12 | | | - | | 7 86 |
| Key West | | | Florida, | 33040 | |
| | | | | (Zip Cod | de) |
| 40 5 4 4 | | | | | |
| Registered agent's acceptance | | | | | |
| Having been named as registered age | nt and to accep | service of | process | for the abo | ove stated |
| corporation at the place designated i | 'n this annlicatio | n Iherabi | / accord | the annal | |
| registered agent and agree to act in thi | is capacity. I fu | ther agree | to compl | water the | |
| or all statutes relative to the proper an | a complete peri | omance o. | f mv duti | es, and I a | m familiar |
| with and accept the obligations of my | vosition as regis | tered agent | • | | |
| (T: 11 C) | 111c | | | | |
| _ dinthy K | (de | | | | |

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.

祝égistered agent's signature)

Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable) 12. DIRECTORS (Stroot address only- P. O . Box NOT acceptable) Chairman: Mary A. Christensen Address: 245 120th Lang N. W. Coon Rapids, Minnnesota 55448 Vice Chairman: _____ Address: ______ Director: _____ Address: _____ Director: _____ Address: ____ B.OFFICERS (Street address only- P. O. Box NOT acceptable) President: Mary A. Christensen 245 120th Lane N.W. Address: ____ Coon Rapids, Minnesota 55448 Vice President: Address: __ Address: Treasurer: _ Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) Mary A. Christensen, President
(Typed or printed name and capacity of person signing application) 14. _

state of Minnesota

SECRETARY OF STATE

Certificate of Good Standing

I, Joan Anderson Growe, Secretary of State of Minnesota, do certify that: The corporation listed below is a corporation formed under the laws of Minnesota; that the corporation was formed by the filing of Articles of Incorporation with the Office of the Secretary of State on the date listed below; that the corporation is governed by the chapter of Minnesota Statutes listed below; and that this corporation is authorized to do business as a corporation at the time this certificate is issued.

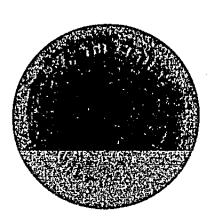
Name: TMA, Inc.

Date Formed: 08/16/1994

Chapter Governed By: 302A

This certificate has been issued on 06/01/95.

DINESCRIPTION OF SHARE OF STATE OF STAT



Joan Anderson Grove Secretary of State.