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Requestor's Name				
660 Bast Jefferson Street		(11111111111111111111111111111111111111		
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Tallahassee, Florida 3230	01	177.44111,111		
City State Zip	Phone			
	1-222-1092			
CORPORATIO	PN(S) NAME			
<u> </u>		• }		
(March 1) March				
*) Profit				
) NonProfit	() Amendment	() ()		
) Limited Liability Company	() Amendment	() Merger		
) Foreign	() Dissolution/Withdra	wal () Mark		
) Limited Partnership	() Annual Report	() Other		
) Reinstatement	() Reservation	() Change of R.A.		
		() Fictitious Name		
) Certified Copy	() Photo Copies	() CUS/ G/S		
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CR2E031 (1-89)

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION 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.	. American Minority Business Forms, Inc. (Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORP abbreviations of like import in language as will clearly indicate that it is a corporation ins or partnership if not so contained in the name at present.)	PORATION", or stead of a natura	words or I person
2.	. Minnesota 3. 41	-1725179	
		I number, if app	licable)
4.	. June 5, 1992 5. Perpetual (Duration: Year corp. will cease	to exist or "perp	etual")
6.	Upon Qualification (Date first transacted business in Flonda. (See sections 607.1501, 607.1502, and 817.1	56, F.S.))	ŕ
7.	P. O. Box 38, Glenwood, Minnesota 56334		
	(Current mailing address)		
8.	Sale of business forms, paper products and promotional items. (Purpose(s) of corporation authorized in home state or cour. to be carried out in the st Florida)	ate of	· ;
9.	Name and street address of Florida registered agent:	•	
	·	,	. 1
	Name: <u>c T Corporation System</u>	•	
	Office Address: Island Road	• • •	·
	Plantation , Florida, 33324 (Zip Code)	. 1	
Ha de fur	D. Registered agent acceptance: avir.g been named as registered agent and to accept service of process for the above statesignated in this application. I hereby accept the appointment as registered agent and agent and agree to comply with the provisions of all statutes relative to the proper and completed agree to a familiar with and accept the obligation of my position as registered agent. C. T. Corporation System	ree to act in this	capacity.
	(Registered agent's signature) (Officer) Acside	I	
	713	('	
(<u>F</u>	Susan J. Wanner, Asst. Secv. (Type Name and Title of Officer)		

- 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 addresses of officers and/or directors:

A.	DIRECTORS		
	Chairman: Diane Zavadil		
	Address: 228 lst Ave., S.E.		
	Glenwood, MN 56334		
	Vice Chairman:		
	Address:		
	Director:		
	Address:		
	Director:		
	Address:		
B.	OFFICERS		
	President: Sharon Beselte		
	Address: 228 1st Ave. S.E.		
	Glenwood, Minnescin 56334		
	Vice President:		
	Address:		
	Secretary: Diane Zavadil		
	Aduress:228_1st_Ave., S.E.		
	Glenwood, MN 56334		

	Treasurer: Diane Zavadil
	Address: 228 1st Ave., S.E.
	Glenwood, MN 56334
NOTE: If n and/or direct	ecessary, you may attach an addendum to the application listing additional officers lors.
13. (Signatur application)	e of Chairman, Vice Chairman, or any officer listed in number 12 of the
14. <u>Sharon</u> (Typed o	Beseke, President r printed name and capacity of person signing application)

State of Minnesota

SECRETARY OF STATE

Certificate of Good Standing

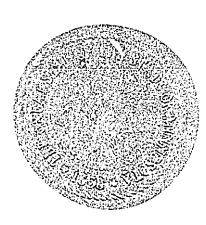
I, Joan Anderson Growe, Secretary of State of Minnesota, do certify that: The corporation listed below is a corporation formed under the laws of Minnesota; that the corporation was formed by the filing of Articles of Incorporation with the Office of the Secretary of State on the date listed below; that 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: AMERICAN MINORITY BUSINESS FORMS, INC.

Date Formed: 06/05/1992

Chapter Governed By: 302A

This certificate has been issued on 10/26/95.



Joan anderson Grove Secretary of State.