F95000000076

NOT NOT DO SEED TOWN TO: Qualification/Tax Lien Section **Division of Corporations** SUBJECT: SHEAD ENTERPRISES INC. 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. (Name of Person) SHEAD ENTERDRISES INC. (Firm/Company) 1351 TWIN RIVERS Blue
(Address) Should you need to call someone concerning this matter, please call:

(Name of Person) at (407) 366-5748 (Area Code & Daytime Telephone Number)

COURIER ADDRESS:

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

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

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. SHEAD ENTERPRISES TWO. (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. State or country under the law of which it is incorporated) 3. 58-210-4460 (FEI number, if applicable)
4. 03-31-94 (Date of Incorporation) 5. Perperual (Duration: Year corp. will cease to exist de perpenual) 6.
6. (Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.)
1351 TWIN RIVERS BIVE OVIEDO 433265
8. THE COMPORATION IS A CONDINATION FOR PROFIT AND IS DRIE WIGES (Purpose(s) of corporation authorized in home state of country to be carried out in the state of PONT he VURPOS C OF MUNUFACTURI 9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT TRANSFE
acceptable)
Name: DEBORAH L SHEAD Office Address: 1351 TWIN RIVERS Blue
Duredo, Florida, 32765
The Botered 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. Name NOT	es and addresses of officers and/or directors: (Street address ONLY-P. O. Box acceptable)	
	ECTORS (Street address only- P. O . Box NOT acceptable)	
	TREADRICH L SHEAD	
45	1851 TWIN RIVERS BIVI Quiedo 7	7/222
Vice Chair	man: DAVIO C SHEAD	1-278
	1351 TWIN KIUPRS BIND DUIEDO FI	T _32-760
Director:		-
		_ _
Director:		- -
Address: _	FAL ALL ALL ALL ALL ALL ALL ALL ALL ALL	- -11
	ERS (Street address only- P. O. Box NOT acceptable)	
President: _	DAVID C SHEAD	_ ; 😈
Address:	Oviedo \$1 32765	-
Vice Presid	ent:	<u>-</u>
Address:		-
Secretary:	DeBonat L SHEAD	-
Address: _	DVIEDO FI 37765	• •
Treasurer:		
Address: _		•
Cincers and	necessary, you may attach an addendum to the application listing additional for directors.	
13(Si	gnature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)	-
14.	(Typed or printed name and capacity of person signing application)	-

Decretary of State

Business Information and Services

Suite 315, West Cower

2 Martin Tuther King Ir. Br.

Atlanta, Georgia 30334-1530

DOCKET NUMBER: 953420078
CCNTROL NUMBER: 9408625
DATE INC/AUTH/FILED: 03/31/1994
JURISDICTION: GEORGIA
PRINT DATE: 12/08/1995
FORM NUMBER: 211

SHEAD ENTERPRISES/DEBBIE SHEAD 1351 TWIN RIVERS BLVD. OVIEDO FL 32765

CERTIFICATE OF EXISTENCE

1, MAX CLELAND. Secretary of State of the State of Georgia, do here certify

SHEAD ENTERPRISES, INC. A DOMESTIC PROFIT CORPORATION

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation, or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up, or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Max Cletan

MAX CLELAND SECRETARY OF STATE

