

F99000001681
TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: Carfore Ltd.
(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.

Please return all correspondence concerning this matter to the following:

Gary N. Jones
(Name of Person)
Truax and Jones
(Firm/Company)
323 W. 2nd Street
(Address)
Cedar Falls, IA 50613
(City/State/Zip)

695-6026

400002797444--9
-03/08/99-01089-010
*****78.75 *****78.75

Should you need to call someone concerning this matter, please call:

Gary Jones at (319) 266-3556
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section *hk 3/30*
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 MAR 30 PM 1:56

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

March 12, 1999

GARY JONES
TRUAX AND JONES
323 W. 2ND ST
CEDAR FALLS, IA 50613

SUBJECT: CARFORE, LTD.
Ref. Number: W99000006026

We have received your document for CARFORE, LTD. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The use of LIMITED or LTD. is not acceptable as a corporate suffix. The name must include a word such as INCORPORATED, INC., CORPORATION, CORP., COMPANY, or CO.

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) 487-6092.

Hart Collins
Senior Corporate Section Administrator

Letter Number: 699A00011907

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. Carfore, Ltd., Inc.
(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. Iowa 3. 42-1376249
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 10/91 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 4-1-99
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 522 E. 18th Street, Suite 2
Cedar Falls, IA 50613
(Current mailing address)

8. Manufacture and distribute cosmetic grooming products for livestock and equine
(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: Cindy S. Carfore

Office Address: 11615 Marshwood Drive

Ft. Myers, Florida, 33908
(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.

Cindy S. Carfore
(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.

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12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: Cindy S. Carfore (Sole Director)

Address: 15176 Bahia Court

Ft. Myers, FL 33908

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: Cindy S. Carfore

Address: 15176 Bahia Court

Ft. Myers, FL 33908

Vice President: Cindy S. Carfore

Address: Same as Above

Secretary: Cindy S. Carfore

Address: Same as Above

Treasurer: Cindy S. Carfore

Address: Same as Above

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

13. *Cindy S. Carfore*
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Cindy S. Carfore, Chairman
(Typed or printed name and capacity of person signing application)

IOWA

No. 00082351
Date: 02/10/1999

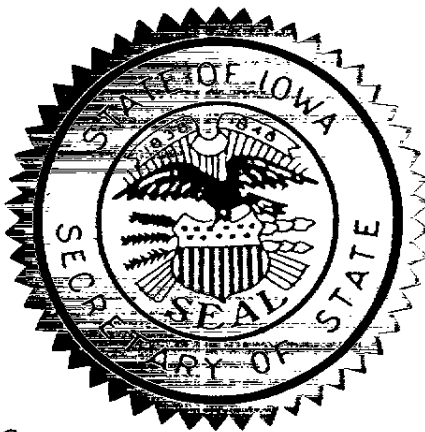
SECRETARY OF STATE

490 DP-000153481
TRUAX & JONES
ATTN: GARY JONES
323 2 2ND ST
CEDAR FALL, IA 50613

CERTIFICATE OF EXISTENCE

Name: CARFORE, LTD.
Begin date: 19911016
Expiration: PERPETUAL

I, CHESTER J. CULVER, secretary of state of the state of Iowa, custodian of the records of incorporations, certify that the corporation is in existence and was duly incorporated under the laws of Iowa on the date printed above, that all fees required by the Iowa Business Corporation Act have been paid by the corporation, that the most recent biennial corporate report has been filed by the secretary of state, and that articles of dissolution have not been filed.



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Chester J. Culver
SECRETARY OF STATE