

F95000000113

TRANSMITTAL LETTER

TO: QUALIFICATION/REGISTRATION SECTION
DIVISION OF CORPORATIONS

SUBJECT: FACETS OF SOUTH CAROLINA, INC. (CROSS REFERENCE TO FACETS, INC.)
(Name of corporation)

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:

JACK L. SCHOER
(Name of Person)
ATTORNEY
(Firm/Company)
P.O. BOX 2751
(Address)
AIKEN, SC 29802
(City, State and Zip Code)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN -9 AM 11:15

5/9

~~1091-515710~~

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

JACK L. SCHOER at (803) 649-1718
(Name of Person) Area Code & Daytime Telephone Number

COURIER ADDRESS:

Qualification/Registration Sec.
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

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



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

March 7, 1994

JACK L. SCHOER
P.O. BOX 2751
AIKEN, SC 29802

SUBJECT: FACETS, INC.
Ref. Number: W94000005076

We have received your document for FACETS, 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:

Your corporate name FACETS, INC., is not available. You will need to adopt an alternate name for use in Florida. If you would like FACETS OF SOUTH CAROLINA, INC. to be your alternate name, then you will need to list it on the Resolution of Board of Directors form that I have enclosed for you.

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.

Steven Harris
Corporate Specialist

Letter Number: 594A00010272

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN -9 AM 11:15

RESOLUTION OF BOARD OF DIRECTORS

I, the undersigned JOEL CONTE, do hereby certify
that this Resolution of the Board of Directors of FACETS, INC.,
a corporation duly organized and existing under the laws of the State of SOUTH CAROLINA,
was duly adopted on FEBRUARY 24, 19 94.

Resolved, that FACETS, INC., organized
and existing in the State of SOUTH CAROLINA, hereby adopts the
name FACETS OF SOUTH CAROLINA, INC. for use in Florida.

Dated: 1/3/95

X Joel Conte
Signature of at least one director

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN -9
PM 11:15

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACTION BUSINESS IN THE
STATE OF FLORIDA:

1. FACETS OF SOUTH CAROLINA, INC. (CROSS REFERENCE TO FACETS, 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. SOUTH CAROLINA 3. 57-0978390
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 6-14-93 5. PERPETUAL
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. N/A
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.155, F.S.)

7. 115 NEWBERRY STREET
AIKEN, SC 29801
(Current mailing address)

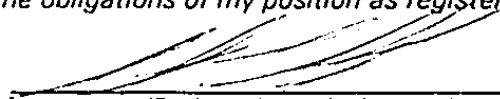
8. RETAIL SALES
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent:

Name: STEVE BORNSTEIN
Office Address: 9900 STIRLING ROAD, SUITE 233
COOPER CITY, Florida, 33024
(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.


(Registered agent's signature)
STEVEN I. BORNSTEIN

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.

FILED
DIVISION OF STATE
95 JAN -9 AM 11:15

12. Names and addresses of officers and/or directors:

A. DIRECTORS

Chairman: N/A

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: JOEL CONTE

Address: 115 NEWBERRY STREET

AIKEN, SC 29801

Vice President: JOEL CONTE

Address: 115 NEWBERRY STREET

AIKEN, SC 29801

Secretary: JOEL CONTE

Address: 115 NEWBERRY STREET

AIKEN, SC 29801

Treasurer: JOEL CONTE

Address: 115 NEWBERRY STREET

AIKEN, SC 29801

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN -9 AM 11:15

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

13. Joel Conte
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. JOEL CONTE, PRESIDENT
(Typed or printed name and capacity of person signing application)

The State of South Carolina



Office of Secretary of State Jim Miles

Certificate of Existence

I, Jim Miles, Secretary of State of South Carolina Hereby certify that:

FACETS, INC.,

a corporation duly organized under the laws of the State of South Carolina on **June 14th, 1993**, and having a perpetual duration unless otherwise indicated below, has as of the date hereof filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the Corporation that it is subject to being dissolved by administrative action pursuant to Section 33-14-210 of the South Carolina Code, and that the corporation has not filed articles of dissolution as of the date hereof.

Given under my Hand and the Great Seal of
the State at Columbia this 11th day of
January, 1994.

95 JAN -9
DIVISION OF STATE
RECORDS & ADMINISTRATION
11:15

A handwritten signature of Jim Miles in cursive script, written over a horizontal line.

Jim Miles, Secretary of State

tion has filed the annual report with the Tax Commission. If it is important to know whether the Corporation has paid all taxes due to the State of South Carolina, and has filed the annual reports, a certificate of compliance must be obtained from the Tax Commission.