F000000000366 TRANSMITTAL LETTER

	Qualification/Tax Lien Section Division of Corporations	· · · · · · · · · · · · · · · · · · ·	
SUBJEC	CT: Shalimar Marina, Inc.		
	(Name of corporation - must include suffix)		
Dear Sir	or Madam:	-	
"Certifica	losed "Application by Foreign Corporation for Authorization to Transacate of Existence", and check are submitted to register the above reference to business in Florida.	ct Business in Florida", nced foreign corporation	
Please re	eturn all correspondence concerning this matter to the following:		
	R. David Marchetti		
	(Name of Person)		
	Wells Marble & Hurst, PLLC	: -	
(Firm/Company)			
	PO Box 131		
	(Address)		
	Jackson, MS 39205-0131		
	(City/State/Zip)	000030987125 -01/14/0001040007 ******70.00 ******70.00	
Should yo	ou need to call someone concerning this matter, please call:		
-	<i>5</i> /1	. 111	
R. Da	vid Marchetti at (601) 355-8321	one Number) AH 77	
((Name of Person) (Area Code & Daytime Teleph	one Number)	
		one Number)	
STREET ADDRESS: MAILING ADDRESS:		S: FF.00	
-	ation/Tax Lien Section Qualification/Tax Lien of Corporations Division of Corporation	i Section 岩色 乙	
409 E. Ga	aines St. P.O. Box 6327		
Tallahass	see, FL 32399 Tallahassee, FL 3231	1	
Enclosed	is a check for the following amount:		
XX \$70.00	0 Filing Fee	Sertificate of Status & Certified Copy	

WELLS MARBLE & HURST, PLLC

ATTORNEYS AT LAW

MAILING ADDRESS: POST OFFICE BOX 131 JACKSON, MISSISSIPPI 39205-0131

STREET ADDRESS: 600 LAMAR LIFE BUILDING 317 EAST CAPITOL STREET JACKSON, MISSISSIPPI 39201-3405

TELEPHONE: (601) 355-8321 FACSIMILE: (601) 355-4217

January 10, 2000

WILLIAM CALVIN WELLS (1844-1914) MAJOR W. CALVIN WELLS (1878-1957) WILLIAM CALVIN WELLS, JR. (1908-1988)

> Office of Secretary of State Corporations Division PO Box 6327 Tallahassee, FL 32314

> > Re:

Shalimar Marina, Inc.

Dear Sir/Madam:

Enclosed for filing with your office, please find an original and one copy of an *Application For Certificate of Authority For Foreign Corporation* on the above-captioned corporation, along with a copy of a *Certificate of Existence/Authority* from the Delaware Secretary of State's Office. Please file and return the Certificate of Authority to this office.

Further enclosed is our check in the amount of \$70.00 to cover the filing fee.

If you have any questions, please call my office. Thank you for your assistance.

Sincerely yours,

WELLS MARBLE & HURST, PLLC

RJY/cw Enclosures

cc: Robert P. Maxon, Jr.

R. James Young

JAMES S. ARMSTRONG

AMANDA A. BARTON STEVEN H. BEGLEY

WENDELL H. COOK, JR.

BRIDGET H. HANSFORD IOHN E. HUGHES, III

RANDY L. DEAN

LANA E. GILLON WILLIAM H. GLOVER, JR.

PHILIP A. GUNN

JOE JACK HURST PAIGE C. JONES

J. JERRY LANGFORD DAVID L. LESTER ROY H. LIDDELL KENNA L. MANSFIELD, JR.

ROLAND D. MARBLE R. DAVID MARCHETTI

KELLY D. SIMPKINS ERSKINE W. WELLS

WALTER D. WILLSON R. JAMES YOUNG

JONATHAN T. MCCANTS

DAN H. FAIRLY

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.

ALGISTER A PO	ALIGIT COID CLASSICS AND
(Name of corpor	r Marina, Inc. ration; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or iations of like import in language as will clearly indicate that it is a corporation instead of a r partnership if not so contained in the name at present.)
2. Delawar (State or country 4. December (Date	applied for (FEI number, if applicable) ar
	d Ferry Road, Shalimar, FL 32579
	(Current mailing address)
	(s) of corporation authorized in home state or country to be carried out in state of Florida) reet address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
Name:	Robert P. Maxon, Jr.
Office Address:	Robert P. Maxon, Jr. 100 Old Ferry Road Shalimar , Florida, 32579 (Zip code)
10. Registered	agent's acceptance:
this application, I with the provision	ned as registered agent and to accept service of process for the above stated corporation at the place designated in I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply as of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept fmy position as registered agent. (Registered agent's signature)
11. Attached is a Department of Sta	certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the ate, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of

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

which it is incorporated.

A. DIREC	TORS (Street address only - P.O. Box NOT acceptable)				
Chairman:	Robert P. Maxon, Sr.		<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	<u> </u>	
Address: _	100 Old Ferry Road				
	Shalimar, FL 32579				<u> </u>
Vice Chairn	man: Robert P. Maxon, Jr.		- · ·	•	- 1
Address: _	100 Old Ferry Road		······································	<u> </u>	- 37
	Shalimar, FL 32579	all the s		-	
Director: _	Samuol Michael Mayon				
	1195 Ramblewood Dr.				
	Gulf Breeze, FL 32561-3172				· · · · · · · · · · · · · · · · · · ·
Director: _	Eugenia Maxon Lambert		 	 ;	· · · · · · · · · · · · · · · · · · ·
Address:	2754 Everect Drive	=		<u>-</u>	
B OFFI	Montgomery, AL 36106-3344 CERS (Street address only - P.O. Box NOT acceptable)		· · · · · · · · · · · · · · · · · · ·		
	Robert P. Maxon, Jr.				
Address: _	100 Old Ferry Road		- 1A	35.	
-	Shalimar, FL 32579			77 Z	1
Vice Presi	dent:	-	- 1	S = 5	
Address:				MC:	景台
Secretary:	Samuel Michael Maxon	<u> </u>		ST.	
Address:	1195 Ramblewood Dr.		•		s i
	Gulf Breeze, FL 32561-3172			/ <u>-</u>	
Treasurer	Samuel Michael Maxon		<u> </u>		:4
Address:	1195 Ramblewood Dr.				
	Gulf Breeze, FL 32561-3172		; :	· · · · ·	=======================================
NOTE:	If necessary, you may attach an addendum to the application listing addition	nal officers and/or	directors.		
13	Signature of Chairman, Vice Chairman, or any officer listed in nur	mber 12 of the ap	plication)		
14	Robert D. Maxon, Jr., President (Typed or printed name and capacity of person s			.	i

DIRECTORS: Continued

Genevieve Maxon Stark 5913 Lookout Mountian Drive Austin, TX 78731

SECRETARY OF STATE

State of Delaware

PAGE 1

Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SHALIMAR MARINA, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTH DAY OF JANUARY, A.D. 2000.

OO JAN IL PHIZ: 13
SECRETARY OF STATE

Edward J. Freel, Secretary of State

0180891

AUTHENTICATION:

DATE: 01-05-00

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991532497