FOOOSOOSOSSITIAL LETTER

| To: Registration Section Division of Corporations | | | | |
|---|---|--|--|--|
| SUBJECT: NFC, Inc. | | | | |
| SUBJECT: NFC, Inc. (Name of corporation) | on - must include suffix) | | | |
| Dear Sir or Madam: | | | | |
| The enclosed "Application by Foreign Corporation for "Certificate of Existence", and check are submitted to transact business in Florida. | | | | |
| Please return all correspondence concerning this matter | er to the following: | 00 SEC | | |
| Valerie Sni | der | | | |
| <u>Valerie Sni</u> (Name o | f Person) | FILI FILI FILI AIRANANA AIRANA AIRANA AIRANA AIRANA AIRANA AIRANA AIRANA AIRANA AIRANA AIRANA AIRANA AIRANA AIRANA AIRANA AIRANA AIRANA AIRANA AIRANANA AIRA | | |
| Heaton & Company, CPAS FOR THE COMPANY) | | | | |
| (Firm/C | ompany) | -M: & O | | |
| 1927 Pacifi | c Ave | ORIGINAL PROPERTY OF THE PROPE | | |
| (Add | iress) | inte | | |
| Forest Gro | ove, OR 97114 | • • | | |
| (City/St | ate/Zip) | - 2/18 | | |
| | 80000 -02 | 03 1248385 /04/0001108003 | | |
| Should you need to call someone concerning this matter | er, please call: | ***70.00 *****70.00 | | |
| 11-10 5 10- | ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ | W-3454 | | |
| (Name of Person) at (503) | Code & Daytime Telephone Nu | mher) | | |
| , | Total of Day time Total phone 1 to | | | |
| STREET ADDRESS: | MAILING ADDRESS: | | | |
| Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 | Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | | |
| Enclosed is a check for the following amount: | | | | |
| \$70.00 Filing Fee \$\sigma\$ Certificate of Status | Certified Copy Ce | .50 Filing Fee, rtificate of Status & | | |



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

February 10, 2000

VALERIE SNYDER HEATON & COMPANY, CPA 1927 PACIFIC AVÉ FOREST GROVE, OR 97116

SUBJECT: NFC, INC.

Ref. Number: W0000003654

We have received your document for NFC, INC. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this confice for the following:

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida 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 DOCUMENT 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 (850) 487-6097.

Michael Mays Document Specialist

Letter Number: 200A00006995

RESOLUTION OF BOARD OF DIRECTORS

(Please print or type)

| I, the undersigned Susan J. DAU(S, do hereby certify (Name) | |
|--|-----|
| that this Resolution of the Board of Directors of | |
| N.F.C. INC. (Corporate Name) | |
| a corporation duly organized and existing under the laws of the State of ORESONS | |
| was duly adopted on | |
| Be it resolved, that W.F.C. INC. (Corporate Name) | LED |
| organized and existing in the State of OREGON, hereby adopts the name | _ |
| NORTRAN Inc. for use in Florida. | |
| Dated: 2-14-00 | |
| Susan Davis | |
| Signature of either Chairman, Vice Chairman or any officer | |
| Susan J. DAU(S Type or print Name | |

INHS19(1/00)

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. | NFC, 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. | Oregon 3. 93-0758029 | | | | | |
| | (State or country under the law of which it is incorporated) (FEI number, if applicable) | | | | | |
| 4. | (Date of incorporation) 5. Perpetual (Duration: Year corp. will cease to exist or "perpetual") | | | | | |
| | (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual") | | | | | |
| 6. | <u>Upon qualification</u> (Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.") | | | | | |
| | (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) | | | | | |
| 7. | a. 495 N. Holladay Cornelius OR 97113 = 7 | | | | | |
| | (Principal office address) | | | | | |
| | b. same | | | | | |
| (Current mailing address) | | | | | | |
| | | | | | | |
| 8. | 8. Contract carrier of clothing from FL distribution center (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) | | | | | |
| | to retail outlets in Georgia | | | | | |
| 9. | Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) | | | | | |
| | Name: <u>CT Corporation System</u> | | | | | |
| Of | ffice Address: 1200 S. Pine Island Rd | | | | | |
| | Plantation, Florida 33324 | | | | | |
| | (Zip code) | | | | | |
| 10 | Paristared agent's accentance | | | | | |

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.

See attachment
(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. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Vice Chairman: Address: Director: John E. Davis Address: 495 N. Holladay Cornelius OR 97113 Director: Susan 1. Davis Address: 495 N. Holladay B. OFFICERS President: John E. Davis Address: 495 N. Holladay Cornelius, OR 97113 Vice President: Troy Davis Address: 8950 Brabham Way Gaston, OR 97119 Secretary: Susan 1. Davis Address: 495 N Holladay Cornelius OR 97113 Treasurer: John E. Davis 495 N. Holladay Cornelius OR 97113 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

(Typed or printed name and capacity of person signing application)

CONSENT TO SERVE AS REGISTERED AGENT

C T Corporation System, c/o C T Corporation System, 1200 South Pine Island Road, Plantation, Florida 33324, does hereby consent to serve as Registered Agent for the following company:

N.F.C., Inc.

We understand that as the agent, it will be our responsibility to receive service of process; to forward all mail; and to immediately notify the Office of the Secretary of State in the event of our resignation, or of any changes in the Registered Office address.

DATED this 28th day of January, 2000

ALCAN TO STAN TO

CERTIFICATE

State of Oregon

OFFICE OF THE SECRETARY OF STATE Corporation Division

I, BILL BRADBURY, Secretary of State of Oregon, and Custodian of the Seal of said State, do hereby certify:

N.F.C., INC.

was

incorporated

under the Oregon

Business Corporation Act

on

December 24, 1979

and is active on the records of the Corporation Division as of the date of this certificate.

SECRETACY OF STATE



In Testimony Whereof, I have hereunto set my hand and affixed hereto the Seal of the State of Oregon.

BILL BRADBURY, Secretary of State

By

Debra L. Virag

January 25, 2000