

| Division of  | Corporations                     |                                |  |  |   |
|--|----------------------------------|--------------------------------|--|--|---|
| SUBJECT:   | ELCUR                            | Dive                           | 2SIFIED, INCO  | OR POR ATED  |   |
|  |                                  |                                | ation - must include suffix)   |  |   |
| Dear Sir or Madam:   |                                  |                                |  |  |   |
| The enclosed "Appl" "Certificate of Exist transact business in                           | ence", and check are             | Corporation f<br>e submitted t | or Authorization to Transa<br>o register the above referen                               | nct Business in Florida<br>nced foreign corporati          | i",<br>on to                            |
| Please return all corn   | respondence concern              | ing this mat                   | ter to the following:  |  |   |
|  | Cipas                            | C. T                           | RUVEL<br>of Person)  |  |   |
| -  |                                  | (Name                          | of Person)   | - YELC   | ·                                       |
|  |                                  |                                |  |  | <del>-</del> <del></del>                |
|  |                                  | (Firm/                         | Company)   | 一 经纸 」   |   |
|  | 4152 8                           | RIMA                           | VISTA CIRCLE ddress) 1 FC 3221   |  |   |
|  |                                  | (A                             | ddress)  |  | = mtm                                   |
|  | JACKS                            | onville                        | , FC 3221  | <del>7</del> 문제 8  | 515                                     |
|  |                                  | (City/S                        | State/Zip) 1 🗆   | 00032352-05/02/0001<br>******70.00                         | 2 <b>91</b> —-5<br>060009<br>*****70.00 |
| Should you need to o   | call someone concer              | ning this ma                   | tter, please call:   |  |   |
| CURTIS C   | . TRUVER                         | at ( 900                       | 1 367-0807<br>ea Code & Daytime Telepl   |  |   |
| (Name of P   | erson)                           | (Ar                            | ea Code & Daytime Telepl   | hone Number)   |   |
|  |                                  |                                |  |  |   |
| STREET ADDRES  | S:                               |                                | MAILING ADDRES   | S:   |   |
| Registration Section<br>Division of Corporat<br>409 E. Gaines St.<br>Tallahassee, FL 323 |                                  |                                | Registration Section<br>Division of Corporatio<br>P.O. Box 6327<br>Tallahassee, FL 32314 |  |   |
| Enclosed is a check f  | or the following am              | ount:                          | ·  |  |   |
| \$ \$70.00 Filing Fee  | ☐ \$78.75 Filin<br>Certificate o | _                              | ☐ \$78.75 Filing Fee &<br>Certified Copy   | □ \$87.50 Filing Fe<br>Certificate of St<br>Certified Copy | •                                       |

## 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. ELCUR DIVERSIFIED, INCORPORATED

(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. DELAWARE, U.S.A. 3. 59-3156865
(State or country under the law of which it is incorporated) (FEI number, if applicable) | 03.01.88 | 5. | Perpetual | Duration: Year corp. will cease to exist or "perpetual") (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. 3511 Silverside ROAD, Suite 105, Wilmington, De. 9, 19810

(Principal office address)

b. C/o Curtis C. Truver 4152 Prima Vista Greek, Tacksonvillette; 32

(Current mailing address)

8. Conduct Glider (SALLPLAME) Fulght Instruction

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) w 9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Office Address: 4152 PRIMA VISTA CIRCR

JACKSON VILLE , Florida 32217

(Zin 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 aspregistered agent.

<sup>11.</sup> 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:

فيوثكان والأبا

| A. DIRECTORS            | 1 - Tub  |                 |                       |           |
|-------------------------|--|-----------------|-----------------------|-----------|
| Chairman:               | 715 C. TRUVER  |                 |                       | ust ski   |
| Address: 4/5            | 2 Prima VISTA CIRde  |                 |                       |           |
| Jac                     | KSONVILLE, FC 32217  |                 |                       |           |
| Vice Chairman:          | saborh TRUJER  |                 |                       | -         |
| Address: 415            | Z Pama VisTA Circle  |                 |                       |           |
| JA                      | cksonville, Fe 32217   |                 |                       |           |
| Director:               | iA .   |                 |                       |           |
|                         |  |                 |                       |           |
| Director: N/A           |  |                 | ***                   |           |
| •                       |  |                 |                       |           |
| B. OFFICERS             |  |                 |                       | =         |
| President:Cn            | RS C. TRUVER   | TAL.            | 00                    |           |
| Address: 41.            | 52 Pama Vista Circle   |                 | FILE<br>WY-2          | 7 II<br>  |
|                         | Jeksonville, Fc 32217  |                 | 2                     |           |
|                         | LISAbeTh TRUNK   |                 | 30                    | ēs<br>-   |
| Address: 4/3            | 52 PRIMA USTA CIRCLE   |                 | <del></del><br>ယ<br>မ |           |
| Jr                      | ACKSONVILLE, FC 32217  |                 | ·                     |           |
| Secretary:              | Abeth TRUVAL   |                 |                       | ·         |
| Address: 4/5            | 2 Pring VISTA CIRCLE   |                 |                       | ·· ·-—    |
| <i>J</i>                | ACKSONVIlle, FC 32217  |                 |                       | <u> </u>  |
| Treasurer:Con           | ERS C. TRUVER  |                 |                       |           |
|                         | 152 PRIMA VISTA CIPCLE   |                 |                       | 1-1-1-1-1 |
|                         | JACKSON VILLE, FC 32217  |                 |                       |           |
| NOTE: If necessary, you | may attach an addendum to the application listing additional officer | s and/or direct | ors.                  |           |
| 13. <u>(</u>            | at level   |                 |                       |           |
| (Signature              | e of Chairman, Vice Chairman, or any officer listed in number 12 of  | the application | 1)                    |           |
|                         | (Typed or printed name and capacity of person signing appli          | cation)         |                       | -         |

## State of Delaware

## Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "ELCUR DIVERSIFIED 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 TWENTY-FOURTH DAY OF
APRIL, A.D. 2000.

SECKETTER OF STATE.



Edward J. Freel, Secretary of State

AUTHENTICATION:

0396354

DATE:

04-24-00

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