

To:	Qualification/Table Division of Cor		\$ E		•		
SUВЛ		Best V	UC.				
30131	bc1	(Name of	corporatio	n - must include su	ffix)		
Dear S	Sir or Madam:						
"Certi		ion by Foreign Corpo e", and check are sub lorida.					
Please	_	ondence concerning AUGELINE T	this matter QUIO (Name of	=		3/20 <u>/</u> 00 <u>-</u> -01	'\$2—_4 030—003 *****70.00
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	(Sveenwic	(City/Sta	06831		- ·	-
Shoule	d you need to call	someone concerning	this matte	r, please call:			
AL	Name of Person	<u>auldv</u> at	(<u>800</u> (Area (31 X 21 aber)	018
STRE	EET ADDRESS:			MAILING ADD	RESS:	OO MAY, Secret/ Tallania	· ·
Divisi 409 E	fication/Tax Lien on of Corporation Gaines St. hassee, FL 32399			Qualification/Tax Division of Corpo P.O. Box 6327 Tallahassee, FL	orations	NRY OF STATES	
Enclo	sed is a check for	the following amoun	t:			- 52	
\$70	0.00 Filing Fee	S78.75 Filing Fe		\$78.75 Filing Fee Certified Copy	Ce	7.50 Filing Fee ertificate of Startified Copy	



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

March 22, 2000

AUGELINE TAYLOR HARINE TOULDY FINE HOST CORPORATION 3 GREENWICH OFFICE PARK GREENWICH, CT 06831

SUBJECT: BEST, INC.

Ref. Number: W0000007663

FILED

ON MAY 17 PM 1: 05

SECTIVE VOT STATE

SECTI

We have received your document for BEST, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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 DOCUMENT SPECIALIST indicated.

The date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of \$1000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report/uniform business report fees due this office.)

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) 487-6043.

Shawn Logan Document Specialist

Letter Number: 100A00015876

CONSENT TO ACTION IN LIEU OF MEETING OF THE SOLE DIRECTOR OF BEST, INC.

The undersigned, being the sole member of the Board of Directors of: BEST, INC., a Minnesota corporation (the "Corporation"), does hereby consent, in accordance with Chapter 302A.171 of the Minnesota Business Corporation Act, to the adoption of the following resolution:

RESOLVED, that the Corporation hereby authorizes the adoption of the name: "Best, Inc. A Fine Host Company" as an alternate name for use in the State of Florida.

Dated as of May 2, 2000

By:

Name: Ellen Keats Title: Sole Director

> MAY 17 PM 1: ORETAKY OF STA

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. (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.) (Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) 9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Office Address: 10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the placedesignated 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.

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

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)
DIECTOY- NORMAN HADENMANN.
Address: C/O FINE HOST COVDOYATION - 3 GREENWICH Delice Park
CALORINATION OF THE CONTRACT O
Sirector- Landrage Divolation
Vice Chairman: 144 FRM IVIVISOVI
Address: LUCULO, 60 V OON + CD- 245 Park AVE-26997
Mew YOVK, MY 101107
Director: JEDDY OLIMAN
C/D/VIOLICE LTIANNICO MINHUEL DANICONE - SI IEV TO WUND
Address: TO OFFILM JEVULLIVI VILLULI CUIDONS STORE FUNCTORY
DNOVT FULLS, VIS 0 10 18
Director: LUSS VM(IV(I)) (185
Address:
38th Al- Manyouk My 10048
B. OFFICERS (Street address only - P.O. Box NOT acceptable)
OUP President: MAVK SIMKISS
Address: 90 FINE HOST COVDOVATION-3 GREANUICH DATICE PAIK
1 1000 1101 (T N/00)
FO+THEASUREN JANUS CONTAINS ON THE MUSICA CI DO 851
Vice President:) VUVI SCULUVI.
Address:
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(NEGALORICIA (T. MOSZ)
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Address: 40 HVIE HUST (OVP 3 OVERNOUGH OHIO TWICE
CVERNOICH (1 00001
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors
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
14. <u>Ellev Keats</u> Divector
(Typed or printed name and capacity of person signing application)

state of Minnesota

SECRETARY OF STATE

Certificate of Good Standing

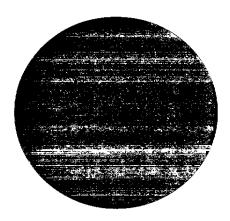
I, Mary Kiffmeyer, Secretary of State of Minnesota, do certify that: The corporation listed below is a corporation formed under the laws of Minnesota; that the corporation was formed by the filing of Articles of Incorporation with the Office of the Secretary of State on the date listed below; that the corporation is governed by the chapter of Minnesota Statutes listed below; and that this corporation is authorized to do business as a corporation at the time this certificate is issued.

Name: Best, Inc.

Date Formed: 06/06/1975

Chapter Governed By: 302A

This certificate has been issued on 03/14/00.



Mary Hiffneyer Secretary of State.