Deborah M. Horaist P. O. Box 1687 Destin, FL. 32540 Phone: (850) 337-5159

May 5, 2000

Florida Department of State Qualification/Tax Lien Section P. O. Box 6327 Tallahassee, FL. 32314

RE: Register a foreign profit corporation

Dear Sir or Madam:

100003242611--5 -05/08/00--01093--006 ****122.50 *****78.75

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Pursuant to our telephone conversation the other day, please find enclosed a transmittal letter, application of foreign corporation to transact business in Florida along with a corporate certificate of existence.

Please find enclosed check #1175 in the amount of \$122.50, which covers the \$70.00 registration fee as well as the \$52.50 for a certified copy for a certificate of status.

Please process at your earliest convenience. Thank you for your assistance!

Sincerely,

Deborah M. Horaist

Enclosures

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FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

May 11, 2000

DEBORAH M HORAIST PO BOX 1687 DESTIN, FL 32540

SUBJECT: THE HORAIST COMPANY INC

Ref. Number: W00000012407

We have received your document for THE HORAIST COMPANY INC and your check(s) totaling \$122.50 of which \$78.75 has been applied to file the other document(s)-leaving a balance of \$43.75 to file this document. However, the document has not been filed and is being retained in this office for the following:

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report/uniform business report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report/uniform business report and penalty fees is \$1150.00.

Enclosed please find a copy of section 607.1501, 617.1501, or 608.502, Florida Statutes, which lists those activities that do not constitute transacting business in this state. If after reviewing this section you determine erroneous information was inserted on the application, a notarized affidavit containing the following information must be submitted: 1.) a statement indicating erroneous information was listed on the application; and 2.) the correct date the corporation began transacting business in Florida prior to the year the application was submitted did not constitute transacting business pursuant to section 607.1501, 617.1501 or 608.502, Florida Statutes.

If you have any questions concerning the filing of your document, please call (850) 487-6097.

Michael Mays Document Specialist

Letter Number: 800A00026518

TRANSMITTAL LETTER

Qualification/Tax Lien Section

Division of Corporations

TO:

SUBJECT: THE HORAIST COMPANY, INC. (Name of corporation - must include suffix)	
(Name of corporation - must include suffix)	
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:	
DEBORAH M. HORAIST (Name of Person)	
(Name of Person)	
THE HORAIST COMPANY, THE S (Firm/Company)	
(Firm/Company)	
P. O. BOX 1687	
(Address)	
$\frac{DESTIN FL. 32540}{(City/State/Zip)}$	
(City/State/Zip)	
Should you need to call someone concerning this matter, please call:	
(Name of Person) (Name of Person) (Name of Person) (Area Code & Daytime Telephone Number)	

COURIER ADDRESS:

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

MAILING ADDRESS:

Qualification/Tax Lien Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

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.	(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.	LOUISIANA (State or country under the law of which it is incorporated) (FEI number, if applicable)
4.	(Date of Incorporation) 5. (Duration: Year corp. will cease to exist or "perpetual")
6.	BUSINESS ACCT. ODENED 4/99 => BECAN TRANSACTING (Date first transacted business in Florida. (See SECTIONS 607.1501, 607.1502, AND 817.155, F.S.) BUSINESS 6/9
7.	P.O. BOX /687
	DESTIN, FL. 32540 (Current mailing address)
8.	REAL ESTATE INTERIOR DESIGN (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: (P.O. Box or Mail Drop Box NOE acceptable)
	Name: DEBORAH M. HORAIST 3
	Office Address: 15000 EMERALO COAST PRWY.
	DESTIN , Florida, 32541
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.

Soul M. Hornish
(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.

 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) Chairman: Address: Vice Chairman: Address: Director: Address: _ Director: Address: _ B. OFFICERS (Street address only- P. O. Box NOT acceptable) Vice President: Address: Secretary: _ Address: Treasurer: _ Address: ___ 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) EBORAH M. HORBIST DWNER (Typed or printed name and capacity of person signing application) DWNER/PRESIDENT



SECRETARY OF STATE

As Secretary of State. of the State of Louisiana. I do hereby Certify that

the Articles of Incorporation of

THE HORAIST COMPANY, INC.

Domiciled at LAFAYETTE, LOUISIANA,

Were filed in this Office and a Certificate of Incorporation was issued on March 24, 1993,

I further certify that no Certificate of Dissolution has been issued.

SECRETAGE STANDORS SECRETAGE SECRETA

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

May 4, 2000

BRI 34430930D Secretary of State

