

To: Qualification/Tax Lien Section Division of Corporations SUBJECT: DeComp Composites, Tex. (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: Mary De Sena. (Name of Person) Declomp Composites, Tac. (Firm/Company) 9311 SW STATE Road 200 BLOG 2, Unit 204 (Address) Declomp Composites, Tac. (City/State/Zip) Should you need to call someone concerning this matter, please call: 10003177811—0 -03/21/00-01080-005 (Name of Person) Mary De Sena. (Area Code & Daytime Telephone Number). (Area Code & Daytime Telephone Number). (Area Code & Daytime Telephone Number).	FOODER CONTRACT	14
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DeComp Composites, Inc. (Firm/Company) 9311 SW STATE Road 200 BLDG 2, Unit 204 (Address) Decala, Florida 34481 (City/State/Zip) Should you need to call someone concerning this matter, please call: 100003177811-0 -03/21/00-01080-006 *******87.50 Mary DeSena at (352) 291-1938 (Name of Person) (Area Code & Daytime Telephone Number) (Area Code & Daytime Telephone Number) (Area Code & Daytime Telephone Number)	Please return all correspondence concerning this matter to the following:	
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9311 SW STATE Road 200 BLOG 2, Unit 204 (Address) Deala, Florida 34481 (City/State/Zip) Should you need to call someone concerning this matter, please call: 1000031778110 -03/21/0001080006 -******87.50 Mary De Sena at (352) 29(-/930 (Name of Person) (Area Code & Daytime Telephone Number) (Area Code & Daytime Telephone Number) AND STREET ADDRESS: MAILING ADDRESS:	· · · · · · · · · · · · · · · · · · ·	<u>.</u>
Dcala, Florida 34481		
Mary De Sena at (362) 291-1930 (Name of Person) (Area Code & Daytime Telephone Number) ATT AND		
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Qualification/Tax Lien Section Division of Corporations Division of Corporations Division of Corporations Division of Corporations	STREET ADDRESS: MAILING ADDRESS:	mi≺ m
Tallahassee, FL 32399 Tallahassee, FL 32314	Division of Corporations 409 E. Gaines St. Division of Corporations P.O. Box 6327	ANTI: 09 OF STATE E, FLORIDA

Enclosed is a check for the following amount:

□ \$70.00 Filing Fee

□ \$78.75 Filing Fee & Certificate of Status

☐ \$78.75 Filing Fee & Certified Copy

Status & Status & Certified Copy



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

March 23, 2000

DANIEL J. COLLIER DANIEL J. COLLIER, P.A. 1007 SE FORT KING STREET OCALA, FL 34471

SUBJECT: DECOMP COMPOSITES, INC.

Ref. Number: W0000007835

We have received your document for DECOMP COMPOSITES, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

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: 500A0001620

MAY 24 AM II:

FILED

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.
1. Decomp Composites 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. OKLAHOMA 3. 73-1395009 (State or country under the law of which it is incorporated) (FEI number, if applicable)
4. ///93 5. Perperual (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6OPON QUALIFICATION (Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 9311 SW STATE ROAD 200 Bldg 2, Unit 204 Ocala, FLORIDA 34481 (Current mailing address)
Ocala, FLORIDA 34481
(Current mailing address)
8. We opened a Warehouse in Florida (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
Name: Mary De Sena
Name: Mary De Sena Office Address: 9311 SW STATE Road 200 Bldg. 2, Unit 204 ASSET TO A SSET TO
OCala, , Florida, 34481
(Zip 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 as registered agent.
Masy Delena
Mary Desens (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

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

which it is incorporated.

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)	
President: Mary De Sena	
Address: 5401 SW 88 th pl. Ocala, FL 34476	
Ocala, FL 34476	
Vice President: /	
Address:	AHAY 2
	LE SSEE
Secretary: <u>FRANK De Sena</u>	
Address: 5401 SW 88th pl.	09 NRID1
Ocala, FL 34476	
Treasurer: FRANK De Sena	
Address: <u>5401</u> SW 88th pl.	
Address: <u>5401 SW 88th pl</u> . Ocala FL 34476	
NOTE: If necessary, you may attach an addendum to the application listing additional officers and	/or directors.
13. Mary Deserce (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the a	pplication)
14. Mary De Sena	

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



CERTIFICATE OF GOOD STANDING DOMESTIC CORPORATION

I THE UNDERSIGNED, Secretary of State of the State of Oklahoma, do hereby certify that I am, by the laws of said state, the custodian of the records of the state of Oklahoma relating to the right of corporations to transact business in this state and am the proper officer to execute this certificate.

I FURTHER CERTIFY that <u>DECOMP COMPOSITES, INC.</u>, is a corporation duly organized and existing under and by virtue of the laws of the state of Oklahoma and is in good standing according to the records of this office. This certificate is not to be construed as an endorsement, recommendation or notice of approval of the corporation's financial condition or business activities and practices. Such information is not available from this office.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of Oklahoma at the City of Oklahoma City, this 17th day of April, 2000.

Secretary of State

By: