## FOCOCOS SON

To: Qualification/Tax Lien Section Division of Corporations	1
Surshader Inc.	F. 44 - 1
SUBJECT: (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:	
Please return all correspondence concerning this matter to the following:	
Andrew J. Aliberti	
(Name of Person)	
(Name of Person)  SUMMER Shades	
(Firm/Company)	
1900	
36 Main St P.O. BOX 1900	
(Address) 602003271166	-:3
\ Zagartown, MA. O2837 *****87.50 *****87.	50
(City/State/Zip)	
	<b>–</b> .
Should you need to call someone concerning this matter, please call:	
Should you need to can someone contesting	
Should you need to call someone concerning this matter, please can.  Andrew J. Alphorfz at (508) 627-3294 (C)  Andrew J. Alphorfz at (508) 627-3294 (C)	:
(Name of Person) (Area Code & Daytime Telephone Number)	'
(Name of Person)  Name  Avellability UUT5/2000  Mult 5/30	Ť.
Document MAILING ADDRESS:	**** **** ****
STREET ADDRESS.	
Qualification/Tax/Lien Section Qualification/Tax/Lien Section	4
Division of Corporations Vertical	
409 E. Gaines St. P.O. Box 0327 TOTAL TOTA	:
Tallahassee, FL 32399  Acknowledgement Tallahassee, FL 32313ALANCE Constitution of the P. Verifyer  Tallahassee, FL 32399  Acknowledgement Tallahassee, FL 32313ALANCE Constitution of the P. Verifyer	
Enclosed is a check for the following amount:	
\$87.50 Filing Fee,	,
Status & Certificate of Status Certified Copy	
Certified Copy	V

To: Brenda Tadlock From: Andrew Aliberti

5/25/00

36 Main Street · Post Office Box 1900 Edgartown, MA 02539 (508) 627-3294

Hello Brenda, Thank your for your assistance in getting us registered in Horida. If you have any questions please call me at the number above. Have a great Weekend. Sincerely, Millerti

## 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	::
Sarah's Sanshaller, Inc.	<del>-</del>
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" of 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.)	* · <u>-</u>
2. Maine (State or country under the law of which it is incorporated)  3. O105/5078  (FEI number, if applicable)	- 
2. (FEI number, if applicable)	., 1
(State or country under the law of which it is incorporated)  4. Perpetual  (Duration: Year corp. will cease to exist or "perpetual")	· ,
4. (Duration: Year corp. will cease to exist or "perpetual")	
(Date of incorporation)	S
6. Oate first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)	
- PO BOX 1900 - 36 Main St.	
7. PO BOX 1900 - 36 Main St.  Edgartown, MA. 02539  (Current mailing address)	\$ <del>2</del>
Courtent mailing address)	ST/ ORA
8. Retail Sales of sunglasses	<del>S</del>
8. (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)	- 100 000 -
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)	
Name: David Thomas	
Office Address: 6635 Banner Lake Circle - Apt. 4607	
Office Address: OV33 SWITE CONTROL OF THE CONTROL O	3i <del>cia.</del>
Orlando, Florida, 32821 (Zip code)	
10. Registered agent's acceptance:	
Court and any stated corneration at the place d	esignated in
Having been named as registered agent and to accept service of process for the above stated corporation at the place d this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with	to comply and accept
the obligations of my position as registerea agent.	
1 wid Shomas	
(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 Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the context of the secretary of State or other official having custody of corporate records in the jurisdiction under the context of the secretary of State or other official having custody of corporate records in the jurisdiction under the context of the secretary of the secretar	the ler the law of
which it is incorporated.	<del>-</del>

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

_ Chairman:	CTORS (Street address only - P.O. Box NOT acceptable)  Salah Aliberti
Address: _	36 Main St Elgartown, MA. 02539
Vice Chair.	man:
_	the second secon
Director: _	
Director:	
Address	
11dd(035	The state of the s
B. OFFIC	CERS (Street address only - P.O. Box NOT acceptable)
	Sarah Aliberti
Address	36 Main St Sdanth - MA 12528
	36 Main St Edgartown, MA. 02539
Vice Provide	
vice Pieside	nt:
Address:	
Clerk-	
Secretary:	Jonathan Goldberg
Address:	1 City Center, 12th Floor, Portland, ME.
, –	04/01-40
Treasurer:	Sarah Aliberti
Address:	36 Main St Eduartown MA 02529
	Jan. 0233 1
NOTE: If no	ecessary you may attach an addardon to the life of the state of the st
13.	ecessary, 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	Sarah Aliberti - Chairman
	(Typed or printed name and capacity of person signing application)

## State of Maine



## Department of the Secretary of State

I, the Secretary of State of Maine, certify that according to the provisions of the Constitution and Laws of the State of Maine, the Department of the Secretary of State is the legal custodian of the Great Seal of the State of Maine which is hereunto affixed and of the records of organization, amendment, and dissolution of corporations and annual reports filed by the same.

I further certify that SARAH'S SUNSHADES, INC. is a duly organized business corporation under the laws of the State of Maine and that the date of incorporation is February 17, 1998.

I further certify that said business corporation has filed annual reports due to this Department, and that no action is now pending by or on behalf of the State of Maine to forfeit the charter and that according to the records in the Department of the Secretary of State, said corporation is a legally existing business corporation in good standing under the laws of the State of Maine at the present time.

In testimony whereof, I have caused the Great Seal of the State of Maine to be hereunto affixed, given under my hand at Augusta, Maine, this twenty-fourth day of May 2000.

DAN GWADOSKY Secretary of State