

F00000003668

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: HRP ENTERPRISES, INC.
(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:

SHERRI TOMER
(Name of Person) 100003305171--4
-06/26/00--01147--004
*****78.75 *****78.75

DESCANT OAK AND MORE
(Firm/Company)

2683 ST. JOHNS BLUFF ROAD S. #107
(Address)

JACKSONVILLE, FL 32257
(City/State/Zip)

Should you need to call someone concerning this matter, please call:

SHERRI TOMER at 904, 996-0254
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

Qualification/Tax Lien Section
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

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 ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

FILED
00 JUN 26 PM 4:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

F00-3668
Name
Date
Signature
Initials

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. HRP ENTERPRISES 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. KENTUCKY
(State or country under the law of which it is incorporated)
3. 61-1346367
(FEI number, if applicable)
4. 4-22-1999
(Date of incorporation)
5. PERPETUAL
(Duration: Year corp. will cease to exist or "perpetual")
6. Upon Qualification
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 2683 ST. JOHNS BLUFF ROAD
JACKSONVILLE, FLORIDA 32257
(Current mailing address)
8. FURNITURE SALES
(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: Sherri Tomer
Office Address: 10 10th St #9
Atlantic Beach, Florida, 32233
(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.


(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.

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

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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: HERBERT HOLTZMANAddress: 123 RIDGEWOOD BOWLING GREEN, KY 42103Vice President: AMADO RIVASAddress: 189 CHAMBERS DRIVE
BOWLING GREEN, KY 42103Secretary: CHARLES RAY PARSONSAddress: 1306 WINGFIELD CHURCH ROAD
BOWLING GREEN, KY 42101Treasurer: SAME AS SECRETARY

Address: _____

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TALLAHASSEE, FLORIDA**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.13. [Signature]
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)14. HERBERT HOLTZMAN PRESIDENT
(Typed or printed name and capacity of person signing application)



John Y. Brown III
Secretary of State

Certificate of Existence

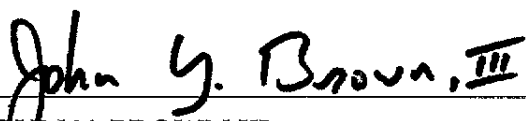
I, JOHN Y. BROWN III, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

HRP ENTERPRISES, INC.

is a corporation duly organized and existing under KRS Chapter 271B, whose date of incorporation is April 22, 1999 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that articles of dissolution have not been filed; and that the most recent annual report required by KRS 271B.16-220 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 21st day of June, 2000.


JOHN Y. BROWN III
Secretary of State
Commonwealth of Kentucky
tbates/0472945