## CAPITAL ONNECTION, NC 417 E. Virginia Stree Sur. • all o See Flo da 3 / 1 (850) 224-8870 • 800-342-8 52 Fax 85 2 (22)

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eatherworks finc.	

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AOM-	1,150	)

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DIVISION OF CERPORATION



NAMED

Signature

Requested by:
Name

10|18|00 Date 10:45 Time

will Dick Un

Art of Inc. File\_\_\_\_\_\_

LTD Partnership File\_\_\_\_\_

Foreign Corp. File\_\_\_\_\_

\_\_\_\_ Photo Copy\_\_\_\_\_

Certificate of Good Standing\_\_\_\_\_

Certificate of Status\_\_\_\_\_

Certificate of Fictitious Name\_\_\_\_\_\_

Corp Record Search\_\_\_\_\_

Officer Search\_\_\_\_

Fictitious Search\_\_\_\_\_

Fictitious Owner Search\_\_\_\_\_

Vehicle Search\_\_\_\_\_

Driving Record\_\_\_\_\_\_
UCC 1 or 3 File\_\_\_\_\_

UCC 11 Search\_\_\_\_

UCC 11 Retrieval\_\_\_\_\_



# FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

October 19, 2000

CAPITAL CONNECTION

TALLAHASSEE, FL

SUBJECT: LEATHERWORKS, INC. doing business in Florida as TURKA

LEATHER, INC.

Ref. Number: W00000025235

We have received your document for LEATHERWORKS, INC. doing business in Florida as TURKANIS LEATHER, INC. and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

Please note that we have RETAINED your \$87.50 payment.

You have submitted 2 Resolutions. The alternate name "LEATHERWORKS FLORIDA, INC." is not available, so we will use the other resolution adopting the name "TURKANIS LEATHER, INC."

But also, please note that the application indicates that this corporation has been transacting business in Florida since October 1, 1999. If this is so, then penalty fees are owed.

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 \$1,150.00.

If you have any questions concerning the filing of your document, pleas call (850) 487-6914.

Buck Kohr Corporate Specialist

Letter Number: 100A00054749

## RESOLUTION OF BOARD OF DIRECTORS

(Please print or type)

		SSEE O P
I the undersigned	MICHAEL TURKANIS	do hereby cestify
1, the undersigned	(Name)	7
that this Resolution of the	ne Board of Directors of	_
	LEATHERWORKS, INC.	
	(Corporate Name)	
a corporation duly organ	nized and existing under the laws of the State of _	MAINE ,
was duly adopted on	OCTOBER 7	, 19 <u>2000</u> .
Be it resolved, that	LEATHERWORKS, INC.	
	(Corporate Name)	
organized and existing i	n the State of MAINE	, hereby adopts the name
	TURKANIS LEATHER, INC.	for use in Florida.
Dated:OCTOBER 7	, 2000	
	Signature of either Chairman, Vice Chairman o	n any officer
	MICHAEL TURKANIS Type or print name	

Make checks payable to Florida Department of State and mail to:
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 corp	eviations of like	INC . clude the word "limport in langua f not so contained	ge as will cl	early in	dicate that	ANY", "COI	RPORATION" ration instead of	SECURE TO SECURE
2.	MAINE	<u> </u>	v of which it is in		_3. <u>_</u>	- 01-04	100350		SEE OF R
									ile)
4.	(Da	ite of incorporat	985 ion)	<del></del>	5	Duration:	Year corp. w	rill cease to evic	st or "perpetual")
6.	OCTOE	BER 1, 1	999 n Florida. If cor	poration has	not tra	nsacted bus	siness in Flo	rida, insert "uno	on qualification.")
			(SEE SECT	IONS 607.1	501, 60	7.1502 and	1817.155, F	.S.)	
7.	8140	N.W. 74t	h AVENUE,				Y, FL	33166	
			(Prin	cipal office	address	)			<del></del>
	8140	N.W. 74t	h AVENUE,	SUITE	13,	MEDLE	Y, FL	3316 <u>6</u>	d
			(Curr	ent mailing	address	)			
8.		AWFUL BU							
	(Purpose	(s) of corporation	n authorized in h	ome state o	r count	ry to be car	ried out in st	ate of Florida)	
9.	Name and st	reet address o	f Florida regis	tered ager	ıt: (P.	O. Box or	Mail Drop	Box NOT acc	ceptable)
	Name:		. MERRITT		: =	- 			
Of.	fice Address:	300 - 4	lst STREE	T, SÜI	re 2	18		-	
		MIAMI B	EACH		_ •	. Florida	33140	)	
			(City)			<i>y</i> <del></del>	(Zip cod	de)	- •
10	Registered s	agent <sup>7</sup> s accent	anca.						

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.

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 business addresses of officers and/or directors:

A. DIRECTO	RS
Chairman:	MICHAEL TURKANIS_
Address:	10 SALT SPRAY LANE
	CAPE ELIZABETH, ME 04107
Vice Chairman:	HARRIET TURKANIS
Address:	10 SALT SPRAY LANE
	CAPE ELIZABETH, ME 04107
Director:	ORDER 26
Director	
Address:	
B. OFFICERS	
President:	MICHAEL TURKANIS
Address:	10 SALT SPRAY LANE
	CAPE ELIZABETH, ME 04107
Vice President: _	
Address:	
 Secretary:	MICHAEL TURKANIS
Address:	10 SALT SPRAY LANE, CAPE ELIZABETH, ME 04107
Treasurer:	MICHAEL TURKANIS
Address:	10 SALT SPRAY LANE, CAPE ELIZABETH, ME 04107
NOTE: If neces	ssary, 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	MICHAEL TURKANIS, CHAIRMAN, PRES., SEC., and TREAS.
	(Typed or printed name and canacity of person cigning 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 LEATHERWORKS, INC. is a duly organized business corporation under the laws of the State of Maine and that the date of incorporation is October 16, 1985.

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 tenth day of October 2000.

DAN GWADOSKY

Secretary of State