	TRANSN	AITTAL LETTER	
To: Registration Sect Division of Corp		·	
SUBJECT:OC	TANORM US		
	(Name of c	orporation - must include suffix)
Dear Sir or Madam:			
"Certificate of Existence" transact business in Flori	, and check are subm la.	ation for Authorization to Trans itted to register the above refere 5 is matter to the following:	
W,	ARREN 1	MOORE	W-2269-
	· · · · · · · · · · · · · · · · · · ·	Name of Person)	,
0C	TANORM US	SA, INC	
_70	I IN TER ST	<u>ATE WEST PARK</u> (Address)	W4 /
L	ithia Spi	<u>~1√g s GA 307</u> (Cit∳/State/Zip)	122
Should you need to call s	omeone concerning th	nis matter, please call:	00 00 SECRET TALLAH
WARREN MOO	RE at (770 732-152	- IL
(Name of Persor)	(Area Code & Daytime Telep	
			2: 12 TATE ORID/
STREET ADDRESS:		MAILING ADDRES	5S: - 10
Registration Section Division of Corporations 409 E. Gaines St.		Registration Section Division of Corporati P.O. Box 6327	ons mtr 4 16/26
Tallahassee, FL 32399		Tallahassee, FL 3231	4 16/26
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FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

September 18, 2000

WARREN MOORE OCTANORM USA INC 701 INTERSTATE WEST PKWY LITHIA SPRINGS, GA 30122

SUBJECT: OCTANORM USA INC. Ref. Number: W00000022697

We have received your document for OCTANORM USA INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified. $\Xi \cong \Xi$

The date first transacted business in Florida within the meaning of s. 607.150 for 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of \$1000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report/uniform business report fees due this office.)

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The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

The registered agent must sign accepting the designation.

A certificate of existence or a certificate of good standing, 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.

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) 487-6097.

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Michael Mays Document Specialist

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Letter Number: 000A00048999

"FILED 00 OCT 26 M 2: 12 SECRETARY OF STATE TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

September 26, 2000

WARREN MOORE OCTANORM USA INC 701 INTERSTATE WEST PKWY LITHIA SPRINGS, GA 30122

SUBJECT: OCTANORM USA INC. Ref. Number: W00000022697

We have received your document for OCTANORM USA INC. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, only authenticated by the secretary of state or other official having custody of the precords 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 certificate under oath of the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days \sim your filing will be considered abandoned.

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

Michael Mays Document Specialist

Letter Number: 400A00050382

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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.

OCTANORM USA INCORPORATED

(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.	GEOR			3.				
	(State or count	y under the law of whi	ich it is incorporated	I)		nber, if applicable	e)	<u> </u>
4.		7/1/89	5		rpetual			
	(D	ate of incorporation)		(Duration: Y	ear corp. will ce	ase to exist or "p	erpetual"))
6.		6 - 1	- 00		-	- '		
	(Date first tran	acted business in Flori (SE	da. If corporation h EE SECTIONS 607.	as not transacte 1501, 607.1502	d business in Flo and 817.155, F.	orida, insert "upor S.)	n qualific:	ation.")
7.	a6	305 Or	ange Ci	ove D	rive			
			CK					 >
	b	Orlando	, FL	32819	7	ALC	AECH	>
			(Current mailing	g address)			En E	2 71
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8.		SALES	-	-		ŕ		Ē
	(Purpos	(s) of corporation auth	orized in home state	or country to b	e carried out in	state of Florida)		
^						<u> (</u>		Ş
9.		<u>eet address</u> of Flori		nt: (P.O. Box	or Mail Drop	Box <u>NOT</u> accer	gable) -	5
	Name:	John McCo	llum			-		
Of	fice Address:	6305 Orang	ge Cove	Drive				
		Orlando	, 	, Flor	rida <u>328/</u>	9		
		,			(7in cod	പ		

10. Registered agent's acceptance:

1.

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 business addresses of officers and/or directors: A DIRECTORS Chairman: Address:	_ ·	· · · · ·			
A DRECTORS Chairman:	• 、				
A DIRECTORS Chairman:	12. Names				
Address:	A. DIREC				
Address:	Chairman:				•
Vice Chairman:					
Address:	Add 035				······································
Address:					
Director:					·····
Address:	Address: _		<u> </u>		
Address:	_				
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Address: NORM FRIEDRICH NOR Secretary: NOR Secretary: NOR Secretary: NOR Secretary: NOR Secretary: Secre	_				
B. OFFICERS President: NORM FRIEDRICH NOR FRIEDRICH NOR TRACE Address: 5776 FAIRWOOD TRACE TT ACWORTH, GA 30101 Vice President: $PICS \equiv D$ Address: $PICS \equiv D$ Address: $PICS \equiv D$ Secretary: WARREN MOORE Address: $P4S$ CREST MARK BLVD $\neq 926$ Li+hia Springs, GA 30122 Treasurer: Address: $P4S$ CREST MARK an addendum to the application listing additional officers and/or directors. 13	Director: _				
B. OFFICERS President: NORM FRIEDRICH NOR FRIEDRICH NOR TRACE Address: 5776 FAIRWOOD TRACE TT ACWORTH, GA 30101 Vice President: $PICS \equiv D$ Address: $PICS \equiv D$ Address: $PICS \equiv D$ Secretary: WARREN MOORE Address: $P4S$ CREST MARK BLVD $\neq 926$ Li+hia Springs, GA 30122 Treasurer: Address: $P4S$ CREST MARK an addendum to the application listing additional officers and/or directors. 13	Address:				
President: NORM FRIEDRICH NOR FRIEDRICH Address: 5776 FAIRWood TRACE AME AME TT Address: $ACWORTH$ GA 30101 $CRETOR CRETOR CRETOR$		•			
Address: 5776 FAIRWOOD TRACE 287 287 71 Ac worth, GA 30101 30101 307 26 11 Vice President: 11 11 11 11 11 Address: 11 11 11 11 11 11 11 Address: 11					
Address: 5776 FAIRWOOD TRACE 287 287 71 Ac worth, GA 30101 30101 307 26 11 Vice President: 11 11 11 11 11 Address: 11 11 11 11 11 11 11 Address: 11	President:	NORM FRIEDRICH	TAL	00	
ACWORTH GA 30101 GA BOT Vice President: HGT </th <th>Address: _</th> <th>5776 FAIRWOOD TRACE</th> <th>AI</th> <th>00</th> <th>TĪ</th>	Address: _	5776 FAIRWOOD TRACE	AI	00	TĪ
Vice President: Address: Secretary: WARREN MOORE Address: 945 CREST MARK BLVD #926 Li+hia Springs, GA 30122 Treasurer: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 13. Ward f. More (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)	_	ACWORTH, GA 30101	-JSS- TRA	5	
Address: \overrightarrow{BH} \overrightarrow{N} Secretary: \overrightarrow{WARREN} \overrightarrow{MOORE} Address: $\overrightarrow{945}$ $\overrightarrow{CRESTMARK}$ \overrightarrow{BLVD} $\overrightarrow{4926}$ $\overrightarrow{Li+h_{1a}}$ $\overrightarrow{SpriNgs}$ \overrightarrow{GA} $\overrightarrow{30122}$ Treasurer:	Vice Presid		E, FI		
Secretary: WARREN MOORE Address: 945 CREST MARK BLVD $#926$ Li+hia SpriNgs, GA 30122 Treasurer: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 13. WMW MMW (Signature of Chairman, Vice/Chairman, or any officer listed in number 12 of the application)			ORID	2:	
Address: 945 CREST MARK BLVD #926 Lithia Springs, GA 30122 Treasurer:	_			2	<u></u>
Address: 945 CREST MARK BLVD #926 Lithia Springs, GA 30122 Treasurer:	— Secretary:	WARREN MOORE			
Treasurer:	Address:	945 CRESTMARK BLVD #926			*
Treasurer:	Address	Lithia Sprinkas 64 30122	··		
Address:					
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 13					
13	Address:			· ·	
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(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)	NOTE: If		r director	s.	
	13	Warred (f Moore			
14. ••••••••••••••••••••••••••••••••••••			meation)		
(Typed or printed name and capacity of person signing application)	14				

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Secretary of State Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

DOCKET NUMBER: 002920876CONTROL NUMBER: J907376DATE INC/AUTH/FILED:04/12/1989JURISDICTION: GEORGIAPRINT DATE: 10/18/2000FORM NUMBER: 211

OCTANORM USA INC. WARREN MOORE 701 INTERSTATE WEST PKWY LITHIA SPRINGS, GA 30122

CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

OCTANORM USA, INC. . A DOMESTIC PROFIT CORPORATION .

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia And ated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the abovenamed entity as of the date issued. It does not certified whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



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Cathy Cox Secretary of State