## F00000006521

TRANSMITTAL LETTER

ro: Registration Section Division of Corporations		MJH	-	
SUBJECT: Littleton	Storm + Tim	ber Service	: INC	-
Dear Sir or Madam: 0555	-001047-0	0671		
The enclosed "Application by Foreign "Certificate of Existence", and check a to transact business in Florida.	Corporation for Authorizati re submitted to register the	on to Transact Business above referenced foreig	n corporation	
Please return all correspondence conce	erning this matter to the follo	owing:		
Louise Tabor	(Name of Person)			. =
Littleton Stor	m timber (Firm/Company)	Service	INC	===
19a Appomator	AUC (Address)			- TAKE-1
Jacksonuille	,	2650 de)	W-25	538/
For further information concerning th	, ,		1003427 -10/17/000 ******78.75	
Louise Tabor (Name of Person)	- (2l7 ) 24	13 - 3975 or Caytime Telephone Num	919-368- ber)	7060 =-
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 Enclosed is a check for the following	Registr Divisio P.O. Bo Tallaha	ation Section on of Corporations ox 6327 assee, FL 32314	00 MOV 21 PM 2:	FILEU SECRETARY OF STA DIVISION OF CORPORA
□ \$70.00 Filing Fee □ \$78.75	Filing Fce & <b>1</b> \$78.75	ed Copy C	7.50 Filing Fee	E 350



## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

October 20, 2000

LOUISE TABOR LITTLETON STORM & TIMBER SERVICE, INC. 19A APPOMATOX AVE. JACKSONVILLE, IL 62650

SUBJECT: LITTLETON STORM & TIMBER SERVICE, INC.

Ref. Number: W00000025381

We have received your document for LITTLETON STORM & TIMBER SERVICE, INC. and your check(s) totaling \$78.75. 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, 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) 487-6967.

Michelle Hodges Document Specialist

Letter Number: 800A00055044

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO INCIDENTAL STREET, AND AUTHORIZATION FOR AUTHO

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. LI +Heton Storm + Timber Services Inco
(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.) (State or country under the law of which it is incorporated) cation (Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.") (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) (Ourent mailing address) (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) 13380 South west blane 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.

2. Names and husiness addresses of officers and/or directors:
DIRECTORS
hairman: Greg Littleton
Jacksonville IL 62650
Vice Chairman:
Address:
Director:
Address:
Director Carl Childres
Address: 13380 South West 6 lane
Ocala Fl. 34481
B. OFFICERS
1 abor
100 Anomatox AVE
Jacksonville IL 62650
Vice President:
Address:
Scoretary: Louise Tabor
Address: 19A Appointator Ave 62650
Address: 19 A FVOEOTI VISCO A 15
Treasurer'
Address:
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
Va. in Mallan
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
14. Louise Tabor President (Typed or printed name and capacity of person signing application)
(Typed or printed name and capacity of person signing appropria

File Number \_\_\_\_\_\_6094-820-8



## To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do



Desse White