FOI 000000283

TO: Registration Section

Division of Corporations

SUBJECT: DIPPIN' DOTS FRANCHISING 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: (Name of Person) FRANCHISING, (Firm/Company) (Address) For further information concerning this matter, please call: (Area Code & Daytime Telephone Number) (Name of Person) MAILING ADDRESS: STREET ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 409 E. Gaines St. Tallahassee, FL 32314 Tallahassee, FL 32399 Enclosed is a check for the following amount: \$78.75 Filing Fee & □ \$78.75 Filing Fee & □ \$87.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy

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.	DIPPIN' DOTS FRANCHISING, 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.	(State or country under the law of which it is incorporated) (State or country under the law of which it is incorporated) (FEI number, if applicable)
	(State or country under the law of which it is incorporated) (FEI number, if applicable)
	3-30-99 5. PERPETUAL
4.	(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6.	
	(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.)
	<u> </u>
7.	5110 CHARTER OAK DR. PADULHH KY 43001 (Principal office address) 5110 CHARTER OAK DR. PADULHH KY 43001 (Charent mailing address)
	(Principal office address)
	5110 CHARTER DAK DR. PAPULAN, Ku 42001
	(Current mailing address)
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8.	RETAIL THE CREAM SALES (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
-	(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
-	(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
-	(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
9.	(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Name: STEVE HEISNER
9.	(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Name: STEVE HEISNER Florida Address: 9416 11 ATANTIC BIND
9.	(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Name: STEVE HEISNER ffice Address: 9469 W. ATLANTIC BLVD.
9.	(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Name: STEVE HEISNER ffice Address: 9469 W. ATLANTIC BLVD.
9.	(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Name: STEVE HEISNER Florida Address: 9416 11 ATANTIC BIND
9. O	(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Name: STEVE HEISNER ffice Address: 9469 W. ATLANTIC BLVD.

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:	
Vice Chairman:	
Address:	
Director:	
Address:	
Director:	
Address:	
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B. OFFICERS	į
President: CURT D. TONES	
Address: 5110 CHARTER OAK DR. PAGE	
PADUCAH, Ky 42001	
Vice President: CONNIE ULRICH 22 5 F	
Address: 5110 CHARNER OAK DR.	
PADUCAH KY 42001	
Secretary: CHAD WILSON 5110 CHARTER OAK DR. PADUCAH, KE	·
	coc
Address: Willett Williams	
Treasurer:	
Address:	
NOTE: If	
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.	
13. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)	
14	



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,

DIPPIN' DOTS FRANCHISING, INC.

is a corporation duly organized and existing under KRS Chapter 271B, whose date of incorporation is March 30, 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 12th day of January, 2001.

LEN Y. BROWN III

Secretary of State

Commonwealth of Kentucky

Bthompson/0471821