

Jan 19 01 06:12p

Division of Corporations

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FOREIGN PROFIT QUALIFICATION

C M TEA DISTRIBUTORS, INC.

Certificate of Status	1
Certified Copy	1
Page Count	<del>01</del>
Estimated Charge	\$87.50

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FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

January 10, 2001

FLORIDA FILING & SEARCH SERVICES

SUBJECT: C M TEA DISTRIBUTORS, INC.  
REF: W01000000750

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We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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\* The certificate of existence must be issued within the last 90 days by the Secretary of State which has custody of the records in the jurisdiction under the laws of which the above listed entity is incorporated/organized.

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

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Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

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Jan 09 01 04:41p

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**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSMIT  
BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSMIT BUSINESS IN THE STATE OF FLORIDA.

1. C M TEA DISTRIBUTORS, 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. DELAWARE 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FBI number, if applicable)

4. JAN 04, 2001 5. perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. upon qualification  
(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.)

7. 501 S. FAULKENBURG RD. Unit 1720  
(Principal office address)  
Tampa, FL 33619  
(Current mailing address)

8. Distribution of Iced Tea  
(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: Florida Filing & Search Services, Inc

Office Address: 1333 North Duval St.  
Tallahassee, FL Florida 32303  
(City) (Zip code)

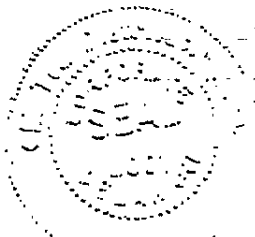
10. Registered agent's acceptance:

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.

Abbie Hodge  
(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.

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

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: DORREEN ODIAN

Address: 1416 CLARION DR.  
VALRICO, FL 33594

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Doreen Odian, President

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of this application)

14. \_\_\_\_\_

(Typed or printed name and capacity of person signing application)

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Jan-18-01 12:47P Best Viking  
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Jan-18-01 1:51PM; Page 2/2 P.02

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*State of Delaware*  
*Office of the Secretary of State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CM TEA DISTRIBUTORS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINTH DAY OF JANUARY, A.D. 2001.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CORPORATION IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CM TEA DISTRIBUTORS, INC." WAS INCORPORATED ON THE FOURTH DAY OF JANUARY, A.D. 2001.

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*Harriet Smith Windsor*  
Secretary of State

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AUTHENTICATION: 0905739

DATE: 01-09-01