FEB -I PM L



Florida Department of State

Division of Corporations
Public Access System
Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H01000013253 9)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)922-4003

From:

Account Name : BUSH ROSS GARDNER WARREN & RUDY, P.A.

Account Number : I19990000150 Phone : (813)224-9255 Fax Number : (813)223-9620 AL

FOREIGN PROFIT QUALIFICATION

Turbine Truck Engines, Inc.

Certificate of Status	1
Certified Copy	1
Page Count	02
Estimated Charge	\$87.50

01 FEB -1 PH 2: 4

'FAX AUDIT NO. (((HO1000013253 9)))

TRANSMITTAL LETTER

	on Section of Corporations			
SUBJECT:	Turbine Truck Engines. Inc.			
ponject. —	(Name of corporation - must include suffix)		-	
Dear Sir or Mada	n:			
	plication by Foreign Corporation for Authorization to Transact Business in Flo istence", and check are submitted to register the above referenced foreign corporations.			
Please return all c	orrespondence concerning this matter to the following:			
	David M. Jeffries, Esq.			
	(Name of Person)	Z _S	-0	
	Bush Ross Gardner Warren & Rudy, PA	ECR		
	(Firm/Company)	A		_
	220 S. Franklin Street	SE SE	÷	Ī
-	(Address)		3	
	Tampa, FL 33602	DR S	<u>†</u> : (
	(City/State and Zip code)	DA.	ည္ထ	
For further inform	ation concerning this matter, please call:			
David M.	Jeffriesat (813			
(Name of	Person) (Area Code & Daytime Telephone Number)	-		
STREET ADDRI Registration Section				
Division of Corpo	rations Division of Corporations			
409 E. Gaines St. Fallahassee, FL 3	P.O. Box 6327			
·	·······			
Enclosed is a chec	k for the following amount:			
3 •\$70.00 Filing F	ee 🖂 \$78.75 Filing Fee & 🖂 \$78.75 Filing Fee & 🔀 \$87.50 Filing Certificate of Status Certified Copy Certificate of Certified Copy	of Statu	s &	

FAX AUDIT NO. (((HO1000013253 9)))

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.

namai berson or	tion; must include the word "INCC ations of like import in language as partnership if not so contained in the ware	* - <u>-</u>	
		3. Applied For	
(State or country	under the law of which it is incorp	orated) (FEI number, if applicable)	· · · · · · · · · · · · · · · · · · ·
411/2	N	5. Perpetual	
(Date	of incorporation)	(Duration: Year corp. will cease to exist or	"perpetual")
6. Upon	Qualification		
(Date first transac	ted business in Florida. If corporati (SEE SECTIONS	ion has not transacted business in Florida, insert "upon q 5 607.1501, 607.1502 and 817.155, F.S.)	walific more.")
7	1200 Flightline	Boulevard, Suite 5, Deland, FL 32724	HA B
	(Principal	office address)	
	·		F - 2
	(Current m	nalling address)	
David			FAIR ORID
		for heavy duty trucking industry	A. B
		state or country to be carried out in state of Florida)	
		state or country to be carried out in state of Florida) d agent: (P.O. Box or Mail Drop Box NOT accep	table) `
9. Name and <u>stres</u>	et address of Florida registere		table)
9. Name and <u>stres</u>	t address of Florida registere David M. Jeffries, Esq.		table)
9. Name and <u>stres</u> Name:	David M. Jeffries, Esq. 220 S. Franklin Street Tampa,	d agent: (P.O. Box or Mail Drop Box <u>NOT</u> accep	table)
9. Name and <u>stres</u> Name:	David M. Jeffries, Esq. 220 S. Franklin Street	d agent: (P.O. Box or Mail Drop Box <u>NOT</u> accep	table)
9. Name and stree Name: Office Address: 10. Registered age	David M. Jeffries, Esq. 220 S. Franklin Street Tampa, (City)	d agent: (P.O. Box or Mail Drop Box <u>NOT</u> accep , Florida	
9. Name and stree Name: Office Address: 10. Registered age Having been name	David M. Jeffries, Esq. 220 S. Franklin Street Tampa, (City) ent's acceptance: d as registered agent and to acceptance.	, Florida 33602 (Zip code)	ontino na 47
9. Name and stree Name: Office Address: 10. Registered age Having been name designated in this a	David M. Jeffries, Esq. 220 S. Franklin Street Tampa, (City) ent's acceptance: d as registered agent and to acceptation. I hereby accept the	d agent: (P.O. Box or Mail Drop Box NOT accept process for the above stated corporation appointment as registered agent and agree to get	ation at the place
9. Name and stree Name: Office Address: 10. Registered age Having been name designated in this a further agree to con	David M. Jeffries, Esq. 220 S. Franklin Street Tampa, (City) ent's acceptance: d as registered agent and to acceptation, I hereby accept the mply with the provisions of all	d agent: (P.O. Box or Mail Drop Box NOT accept process for the above stated corporations relative to the acceptant and agree to act	ation at the place
9. Name and stree Name: Office Address: 10. Registered age Having been name designated in this a further agree to con	David M. Jeffries, Esq. 220 S. Franklin Street Tampa, (City) ent's acceptance: d as registered agent and to acceptation, I hereby accept the mply with the provisions of all	d agent: (P.O. Box or Mail Drop Box NOT accept process for the above stated corporation appointment as registered agent and agree to get	ation at the place
9. Name and stree Name: Office Address: 10. Registered age Having been name designated in this a further agree to con	David M. Jeffries, Esq. 220 S. Franklin Street Tampa, (City) ent's acceptance: d as registered agent and to acceptation, I hereby accept the mply with the provisions of all	d agent: (P.O. Box or Mail Drop Box NOT accept process for the above stated corporations relative to the acceptant and agree to act	ation at the place

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

FAX AUDIT NO. (((H01000013253 9)))

under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman:	Michael Rouse		
Address:	1200 Flightline Blvd., Suite 5, Deland, FL 32724	SE	9
Director Vice Chairman:	James Teters, Jr.	RE AR AHASS	FEB -1
Address:	1200 Flightline Blvd., Suite 5, Deland, FL 32724	Fig.	3 5
Director:	James Putnam	OR DA	80 t+
Address:	1200 Flightline Blvd., Suite 5, Deland, FL 32724	 	
Director:	Phyllis Rouse		•
`	1200 Flightline Blvd., Suite 5, Deland, FL 32724		
B. OFFICERS	•		-
President:	James Teters, Jr.		
Address:	1200 Flightline Blvd Suite 5, Deland. FL 32724		
Vice President;	James Pütnam	<u> </u>	
Address:	1200 Flightline Blvd., Suite 5, Deland, FL 32724		
Secretary:, <u>Treasure</u>	er and Vice President: Phyllis Rouse	 .	" .
	1200 Flightline Blvd Suite 5, Deland. FL 32724		
	Exauctive Officer: Michael Rouse		***************************************
Address:	1200 Flightline Blvd., Suita 5, Deland, FL 32724		
	ry, you may senote an addendum to the application listing additional officers and/or di	rectors.	
13. (Sie	gnature of Chairman, Vice Chairman, or any officer listed in number 12 of the applica	eian)	
14	Michael Rouse	uon)	
- · · ·	(Typed or printed pame and capacity of person signing application)		

State of Delaware Office of the Secretary of State

PAGE 1

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TURBINE TRUCK ENGINES, 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 ELEVENTH DAY OF JANUARY, A.D. 2001.

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

SECRETARY OF STAFE TALLAHASSEE, FLORIDA

Harriet Smith Window

Secretary of State

3320237 8300 AUTHENTICATION: 0910661

DATE: 01-11-01

010018046. FAX AUDIT NO. (((H01000013253 9)))