

FO1000002137

CORPORATION(S) NAME

Factor Inc.

FILED
01 APR 17 11:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

G *[Signature]*

RECEIVED
01 APR 17 11 11 08
DIVISION OF CORPORATION

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Nonprofit | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| <input checked="" type="checkbox"/> Foreign | <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Other |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Change of RA |
| <input type="checkbox"/> LLC | <input type="checkbox"/> Name Registration | <input type="checkbox"/> UCC |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Fictitious Name | <input type="checkbox"/> CUS |
| <input type="checkbox"/> Photocopies | <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem |
| <input type="checkbox"/> Call When Ready | <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait |
| <input type="checkbox"/> Mail Out | <input type="checkbox"/> Mail Out | <input type="checkbox"/> After 4:30 |
| | | <input checked="" type="checkbox"/> Pick Up |

Name _____
 Availability _____
 Document _____
 Examiner _____
 Updater _____
 Verifier _____
 W.P. Verifier _____

4/17/01

Order#: 3927853

Ref#: _____

Amount: \$ _____

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 *****70.00 *****70.00

660 East Jefferson Street
 Tallahassee, FL 32301
 Tel. 850 222 1092
 Fax 850 222 7615

3/10 4/20



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

April 17, 2001

01 APR 17 11 3:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

C T CORPORATION SYSTEM
TALLAHASSEE, FL
SUBJECT: FACTOR INC.
Ref. Number: W01000008656

We have received your document for FACTOR 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):

Please note that we have RETAINED your \$70.00 payment.

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc. Company, and CO.

01 APR 20 PM 2:14
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
RECEIVED

Please RETURN ALL DOCUMENTATION to the ATTENTION of the DOCUMENT SPECIALIST indicated.

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) 487-6914.

Buck Kohr
Corporate Specialist

Letter Number: 801A00022693

*Please back-date
Thanks
[Signature]*

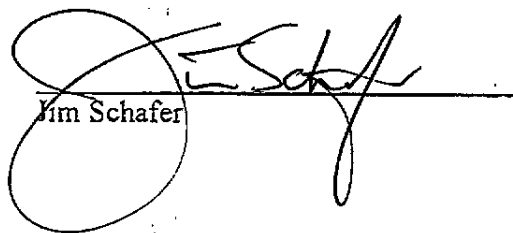
RESOLUTIONS OF BOARD OF DIRECTORS
OF
FACTOR INC.

01 APR 17 11 38 55
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, the undersigned Jim Schafer, do hereby certify that this Resolution of the Board of Directors of FACTOR INC., a corporation duly organized and existing under the laws of the State of Delaware, was duly adopted on April 18, 2001.

RESOLVED, that FACTOR INC., organized and existing in the State of Delaware hereby adopts the name of The Vikings Stores, Inc. for use in Florida.

April 18, 2001


Jim Schafer

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

FILED
APR 17 PM 3:55
SECRETARY OF STATE
TALLAHASSEE, 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. FACTOR 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

(State or country under the law of which it is incorporated)

3. _____

(FEI number, if applicable)

4. March 21, 2001

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. Factor Inc. has not transacted business in Florida, *was not* auth.

(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 1025 NORTH PARK DRIVE, RIDGELAND, MS 39157

(Current mailing address)

8. RETAIL SALE OF CONSUMER GOODS

(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: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida, 33324

(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.

C T Corporation System

Armando Valdes

(Registered agent's signature)

ARMANDO VALDES

Assistant Secretary

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 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: Tryggvi Jonsson

Address: c/o Baegur, Skutuvogur 7, 104 Reykjavik
Iceland

Vice Chairman: _____

Address: _____

Director: Jon Asgeir Johannesson

Address: c/o Baegur, Skutuvogur 7, 104 Reykjavik
Iceland

Director: James Schafer

Address: c/o Bonus Stores, 2520 West Highway 44
Deland, Florida 32720

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: Tryggvi Jonsson

Address: c/o Baegur, Skutuvogur 7, 104 Reykjavik
Iceland

Vice President: _____

Address: _____

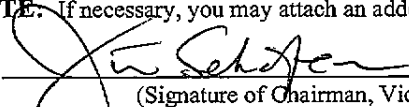
Secretary: Jim Schafer

Address: c/o Bonus Stores, 2520 West Highway 44
Deland, Florida 32720

Treasurer: _____

Address: _____

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

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SECRETARIAT OF STATE
TALLAHASSEE, FLORIDA

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 "FACTOR 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 TWELFTH DAY OF APRIL, A.D. 2001.

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

FILED
01 APR 17 PM 3:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
01 APR 17 PM 3:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 1078004

DATE: 04-12-01

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