



F01000005718

ACCOUNT NO. : 072100000032

REFERENCE : 157039 7287752

AUTHORIZATION : *Patricia Pizito*

COST LIMIT : \$ 70.00

FILED
01 OCT 30 PM 5:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : October 23, 2001

ORDER TIME : 10:13 AM

ORDER NO. : 157039-005

CUSTOMER NO: 7287752

CUSTOMER: Mr. Alfred R. Crawford
Mr. Alfred R. Crawford
1766 Imperial Palm Dr

Apopka, FL 32712

RECEIVED
01 OCT 30 AM 11:32
DEPARTMENT OF STATE
DIVISION OF CONSULATIONS
TALLAHASSEE, FLORIDA

FOREIGN FILINGS

NAME: CIRCLE ONE, INC.

700004659227--8

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

BK

CONTACT PERSON: Jeanine Reynolds -- EXT# 1133

EXAMINER: _____



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

October 30, 2001

JEANINE REYNOLDS
CSC
TALLAHASSEE, FL

SUBJECT: CIRCLE ONE, INC.
Ref. Number: W01000025071

RESUBMIT

Please give original
submission date as file date.

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01 OCT 30 PM 5:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for CIRCLE ONE, INC. and the authorization to debit your account in the amount of \$70.00. However, the document has not been filed and is being returned for the following:

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.

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) 245-6914.

Buck Kohr
Corporate Specialist

Letter Number: 501A00059401

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01 NOV 01 10:19 AM
TALLAHASSEE, FLORIDA

RESOLUTION OF BOARD OF DIRECTORS

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01 OCT 30 PM 5:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, the undersigned ALFRED R. CRAWFORD, do hereby certify that this Resolution of the Board of Directors of CIRCLE ONE, INC., a corporation duly organized and existing under the laws of the State of DELAWARE, was duly adopted on OCTOBER 31, 2001.

Be it resolved, that CIRCLE ONE, INC. organized and existing in the State of DELAWARE, hereby adopts the name CIRCLE ONE INVESTMENTS INC. for use in the State of Florida.

Date: 10/31/2001



Signature of either Chairman, Vice Chairman or any officer

ALFRED R. CRAWFORD

Type or Print Name

OCT. 19. 2001 4:18PM

NO. 6934 P. 3

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. CIRCLE ONE, 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. 10-05-2001

(Date of incorporation)

5. PERPETUAL

(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. 1766 IMPERIAL PALM DR, APOPKA FL 32712

(Principal office address)

P.O. BOX 2461, APOPKA FL 32704-2461

(Current mailing address)

8. ALL LEGAL BUSINESS

(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: Alfred R. CrawfordOffice Address: 1766 Imperial Palm Drive

Apopka, Florida 32712
(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.

Alfred R. Crawford

(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: ALFRED R CRAWFORD
 Address: 1766 IMPERIAL PALM DRIVE
APOPKA, FL 32712

Vice Chairman: (SAME AS CHAIRMAN)
 Address: _____

Director: (SAME AS CHAIRMAN)
 Address: _____

Director: (SAME AS CHAIRMAN)
 Address: _____

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

B. OFFICERS

President: ALFRED R CRAWFORD
 Address: 1766 IMPERIAL PALM DRIVE
APOPKA FL 32712

Vice President: (SAME AS PRESIDENT)
 Address: _____

Secretary: (SAME AS PRESIDENT)
 Address: _____

Treasurer: (SAME AS PRESIDENT)
 Address: _____

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

13. Alfred R Crawford
 (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. ALFRED R CRAWFORD, PRESIDENT
 (Typed or printed name and capacity of person signing application)

State of Delaware
Office of the Secretary of State

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I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CIRCLE ONE, 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 TWENTY-NINTH DAY OF OCTOBER, A.D. 2001.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CIRCLE ONE, INC." WAS INCORPORATED ON THE FIFTH DAY OF OCTOBER, A.D. 2001.

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

FILED
01 OCT 30 PM 5:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State

3442907 8300

AUTHENTICATION: 1414383

010539611

DATE: 10-29-01