

FOI 000000 5847
TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OUTDOOR CAPITAL 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:

KIRK TURNER
(Name of Person) 700004671527--5
OUTDOOR CAPITAL INC.
(Firm/Company) -11/07/01--01080--014
*****87.50 *****87.50
416 BALBOA AVE
(Address)
STUART FL 34994
(City/State and Zip code)

For further information concerning this matter, please call:

KIRK TURNER at (561) 463-6370
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☒ \$87.50 Filing Fee, Certificate of Status & Certified Copy

mtw
11/9

**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.

1. OUTDOOR CAPITAL 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. TENNESSEE 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 3-8-2001 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. 130 B VOLUNTEER DR. HENDERSONVILLE TN 37075
(Principal office address)

SAME

(Current mailing address)

8. Any and all Lawful purposes
(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: KIRK TURNER

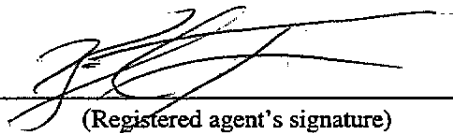
Office Address: 416 BALBOA AVE

STUART, Florida 34994
(City) (Zip code)

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TALLAHASSEE, FLORIDA

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.


(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: TROY TIEDEMAN

Address: 130 B VOLUNTEER DR.
HENDERSONVILLE TN 37075

Vice Chairman: KIRK TURNER

Address: 984 NETTLES BLVD 416 BALBOA AVE
JENSEN BEACH, FL 34957 STUART FL 34994

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: TROY TIEDEMAN

Address: 130 B VOLUNTEER DR.
HENDERSONVILLE TN 37075

Vice President: KIRK TURNER

Address: 416 BALBOA AVE
STUART FL 34994

Secretary: KIRK TURNER

Address: 416 BALBOA AVE STUART FL 34994

Treasurer: _____

Address: _____

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

13. [Signature]
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. KIRK TURNER, VICE CHAIRMAN
(Typed or printed name and capacity of person signing application)

Secretary of State
Division of Business Services

312 Eighth Avenue North
 6th Floor, William R. Snodgrass Tower
 Nashville, Tennessee 37243

ISSUANCE DATE: 10/24/2001
 REQUEST NUMBER: 0129753/
 TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 03/08/2001
 STATUS: ACTIVE
 CORPORATE EXPIRATION DATE: PERPETUAL
 CONTROL NUMBER: 0404635
 JURISDICTION: TENNESSEE

TO:
 JAMES L SMITH, ATTORNEY
 315 W MAIN ST
 SUITE 112
 HENDERSONVILLE, TN 37075

REQUESTED BY:
 JAMES L SMITH, ATTORNEY
 315 W MAIN ST
 SUITE 112
 HENDERSONVILLE, TN 37075

CERTIFICATE OF EXISTENCE

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT

"OUTDOOR CAPITAL, INC."

IS A CORPORATION DULY INCORPORATED UNDER THE LAW OF THIS STATE WITH DATE OF
 INCORPORATION AND DURATION AS GIVEN ABOVE;
 THAT ALL FEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE
 EXISTENCE OF THE CORPORATION HAVE BEEN PAID;
 THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED; AND
 THAT ARTICLES OF TERMINATION OF CORPORATE EXISTENCE HAVE NOT BEEN FILED

FOR: REQUEST FOR CERTIFICATE

FROM:
 JAMES L. SMITH, ATTORNEY AT LAW
 315 W. MAIN STREET
 SUITE 112
 HENDERSONVILLE, TN 37075-7324

ON DATE: 10/24/01

RECEIVED: FEES \$20.00

TOTAL PAYMENT RECEIVED: \$20.00

RECEIPT NUMBER: 00002951265
 ACCOUNT NUMBER: 00163875

FILED
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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



SS-4458

Riley C Darnell

RILEY C. DARNELL
 SECRETARY OF STATE