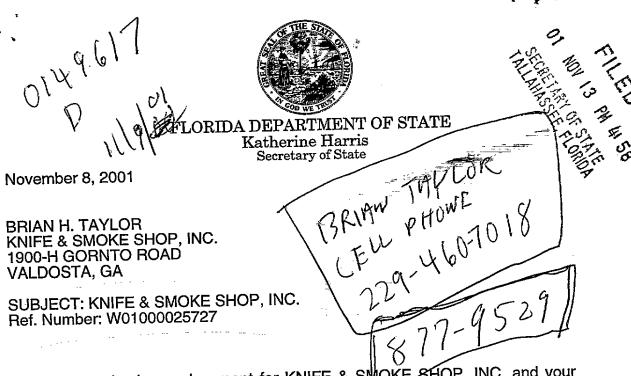
, i	To: Registration Section Division of Corporations
	SUBJECT: KNIFE & SMOKE SHOP INC (Name of corporation - must include suffix)
	Dear Sir or Madam:
• •	The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida. Please return all correspondence concerning this matter to the following: Relation Person
-	(Name of Person) KNIFE D SMOKE SHOP (NC P) 55 (Firm/Company)
	1900 H GOKNIO
	(Address) VALDOSTA GA 31602
	VALOSTA GA 31602 (City/State/Zip) 8000046715589 -11/08/0101001014 *****120.00 ******70.00
	Should you need to call someone concerning this matter, please call:
	(Name of Person) at (219), 460 7018 (Area Code & Daytime Telephone Number)
	STREET ADDRESS: MAILING ADDRESS:
	Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
	Enclosed is a check for the following amount:
	□ \$70.00 Filing Fee □ \$78.75 Filing Fee & □ \$78.75 Filing Fee & □ \$87.50 Filing Fee, Certificate of Status Certified Copy Certified Copy Certified Copy



We have received your document for KNIFE & SNIOKE 8HOP, INC. and your check(s) totaling \$120.00 However, the

accument has not been filed and is being retained in this office for the following:

Pleae note that we have RETAINED the \$70.00 filing fee for the corporate qualification and the \$50.00 fee for the Fictitious Name Registration.

Please return your documents with a CERTIFICATE OF EXISTENCE from the Secretary of State of Georgia.,

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: 501A00060623

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT **BUSINESS IN FLORIDA** IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITE REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. (Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" of the control of the cont 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.) (State or country under the law of which it is incorporated) 3. S8-2597412 (FEI number, if applicable) (Date of incorporation) (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual") (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.) 1900 H GORNTO RUAD VALDOSTA GA 31662 (Principal office address) (Current mailing address) RETAIL 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) BRIAN H. TAYLOR Name: GOVERNORS SOURCE MAIL Office Address: 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.

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:	
Address:	10000000000000000000000000000000000000
Vice Chairman:	Ch C. 3
Address:	ORDINE S
	7
Director:	
oddress:	
pirector:	
.ddress:	
. OFFICERS	
resident: BRIN H. TAYLOR	-
ddress: 13 BRENTWOOD PLACE	·
ddress: B BRENTWOOD PLACE VALOUSA GA 31602	
ce President:	
idress:	
cretary: JAVINE M. TAYLOR	
Idress: 13 BRENTWOOD TLACE	
easurer:	
dress:	
OTE: If necessary, you may attach an addendum to the application listing addi-	tional officers and/or directors.
Kr. Mr.	
(Signature of Chairman, Vice Chairman, or any officer listed in n	number 12 of the application)

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

Secretary of State

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530 CONTROL NUMBER: 0149617
EFFECTIVE DATE: 11/09/2001
JURISDICTION : GEORGIA
REFERENCE : 0077

PRINT DATE : 11/09/2001

FORM NUMBER : 311

BRIAN H. TAYLOR 13 BRENTWOOD PLACE VALDOSTA, GA 31302

CERTIFICATE OF INCORPORATION

I, Cathy Cox, the Secretary of State and the Corporations Commissioner of the State of Georgia, do hereby certify under the seal of my office that

KNIFE & SMOKE SHOP, INC. A DOMESTIC PROFIT CORPORATION

has been duly incorporated under the laws of the State of Georgia on the effective date stated above by the filing of articles of incorporation in the Office of the Secretary of State and by the paying of fees as provided by Title 14 of the Official Code of Georgia Annotated.

WITNESS my hand and official seal in the City of Atlanta and the State of Georgia on the date set forth above.





Cathy Cox