4.

#### TRANSMITTAL LETTER

| TO: Registration Section Division of Corporations  |
|--|
| SUBJECT: Hor 12 on Group International, 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: 900047156338 -12/10/01-01842-001 *****87.50 *****87.50  (Name of Person)   |
| Horizon Grovs International, has (Firm/Company)  27 Water Street, Suite 304  |
| (Address)  Whe he he let MA 01880  |
| (City/State and Zip code)  For further information concerning this matter, please call:  |
| (Name of Person) at (941) 693 - 5931 AFE Code & Daytime Telephone Number Fig. 7  |
| STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St.  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327  |
| Tallahassee, FL 32399 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 Certificate of Status & Certified Copy  |

### 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.  |   |
|--|---|
| Harabar Character to Manufact Books 25 IN THE STATE OF TECKNOM.  |   |
| 1  |   |
| 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. (State or country under the law of which it is incorporated)  3. (FEI number, if applicable)  |   |
|  |   |
| 4. April 25, 2000 5. Perpetual (Date of incorporation) 5. Quration: Year corp. will cease to exist or "perpetual")   |   |
| (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")  |   |
| 6 Upan Chalibration  |   |
| (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. 4348 Palm Place Fort Myers  |   |
| (Principal office address)   |   |
| Same   |   |
| (Current mailing address)  |   |
|  |   |
| 8. Construction Sinces / Malestate Pareloper   |   |
| (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 ( ) of the state of the st |   |
| Name: Moe Milliams   | - |
| Office Address: 4348 Palm Place  |   |
| Office Address:     Florida   September    |   |
| (City) (Zip code)  |   |
|  |   |
| 10. Registered agent's acceptance: Sm Name Note: 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.  |   |
|  |   |
| (Sol 11) ellieure  |   |
| (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: Address: 4348 Palm Place Fort Myers, Vice Chairman: Address: \_\_ Director: \_\_ Address: Director: Address: **B. OFFICERS** President: Address: \_\_\_\_ Vice President: Address: \_\_\_ Secretary: \_ Address: Treasurer: \_ Address: \_\_\_ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) (Typed or printed name 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 "HORIZON GROUP INTERNATIONAL, 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-SECOND DAY OF OCTOBER, A.D. 2001.

O1 DEC 10 AM 3: 27
SECRETARY OF STATE



Harriet Smith Windson, Secretary of State

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AUTHENTICATION: 1402675

DATE: 10-22-01