

FO1000006492

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: M.A.B. ENTERPRISES, INC.
(Name of corporation - must include suffix)

Dear Sir or Madam:

000004732780--4
-12/19/01--01041--026
*****87.50 *****87.50

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:

ALFRED BROWN
(Name of Person)

M.A.B. ENTERPRISES, INC.
(Firm/Company)

300004732493--1
-12/18/01--01049--026
*****87.50 *****87.50

9160 ROE STREET
(Address)

PENSACOLA, FL 32514
(City/State and Zip code)

For further information concerning this matter, please call:

PAUL M. CAMPBELL CPA at (850) 474-1536
(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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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
12/20

**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. M.A.B. ENTERPRISES, 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. WYOMING 3. 91-2003255
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. SEPTEMBER 2, 1998 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. 9160 ROE STREET, PENSACOLA, FL 32514
(Principal office address)
9160 ROE STREET, PENSACOLA, FL 32514
(Current mailing address)
8. WHOLESALE DEALER OF VEHICLE TIRE PRODUCTS
(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 BROWN
Office Address: 9160 ROE STREET
PENSACOLA, Florida 32514
(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: MELANIE A. BROWN
Address: 2648 STEFANI ROAD
CANTONMENT, FL 32533

Vice Chairman: ALFRED BROWN
Address: 2648 STEFANI ROAD
CANTONMENT, FL 32533

Director: _____
Address: _____

Director: _____
Address: _____

B. OFFICERS

President: MELANIE A. BROWN
Address: 2648 STEFANI ROAD
CANTONMENT, FL 32533

Vice President: _____
Address: _____

Secretary: ALFRED BROWN
Address: 2648 STEFANI ROAD, CANTONMENT, FL 32533

Treasurer: ALFRED BROWN
Address: 2648 STEFANI ROAD, CANTONMENT, FL 32533

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

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

14. ALFRED BROWN, SECRETARY-TREASURER
(Typed or printed name and capacity of person signing application)

State of Wyoming

Office of the Secretary of State

United States of America, }
State of Wyoming } ss.

I, JOSEPH B. MEYER, Secretary of State of the State of Wyoming, do hereby certify that according to the records in the office of the Secretary of State of Wyoming, M.A.B. ENTERPRISES INC. is a corporation organized under the laws of the State of Wyoming, whose date of incorporation is 09/02/1998; and whose period of duration is perpetual.

I FURTHER CERTIFY that this corporation has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and that Articles of Dissolution have not been filed, thus making the corporation in existence in the State of Wyoming.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of Wyoming. Done at Cheyenne the Capital this 26th day of November A.D., 2001.

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Joseph B Meyer
Secretary of State

By Josh Nighswonger