F01000006603

TRANSMITTAL LETTER

Registration Section Division of Corporations

TO:

SUBJECT: Aanot International, Inc.	
(Name of corporation - must include suffix)	
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Authorization to Transact Bus "Certificate of Existence", and check are submitted to register the above referenced for to transact business in Florida.	siness in Florida", oreign corporation
	0047137906 -12/07/0101022003 *****87.50 *****87.50
Aarist International	
(Firm/Company)	wol -28145
PO Box 421049	
(Address)	
Summerland Key, FL 33042	,
(City/State and Zip code)	
For further information concerning this matter, please call:	
Mel Schell at (678) 637-8109 (Name of Person) (Area Code & Daytime Telephone N	
(Name of Person) (Area Code & Daytime Telephone N STREET ADDRESS: MAILING ADDRESS:	FILE CRETARY OF LLAHASSEE,
Registration Section Registration Section Rivinian of Comparities	
Division of Corporations 409 E. Gaines St. Division of Corporations P.O. Box 6327	
Tallahassee, FL 32399 Tallahassee, FL 32314	06 V
Enclosed is a check for the following amount:	inth
S70.00 Filing Fee S78.75 Filing Fee & S78.75 Filing Fee & Certificate of Status Certified Copy	\$87.50 Filing Fee, 2 25 Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

December 11, 2001

MELVIN F. SCHNELL PO BOX 421049 SUMMERLAND KEY, FL 33042

SUBJECT: AARIST INTERNATIONAL, INC.

Ref. Number: W01000028165

We have received your document for AARIST INTERNATIONAL, INC. and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office 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 DOCUMENT SPECIALIST indicated.

Please return your document, along with a copy of this letter, within 60 days of your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Michael Mays Document Specialist

Letter Number: 801A00065073

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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. (Name of corporation; must include the word "TNCORPORATED", "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.) (State or country under the law of which it is incorporated)

3. 58-2070856

(FEI number, if applicable) 4. Nov. 1993

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual") Seρt. 200 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.) 117 Caynon Ln. Ramod Viez, FL 33042
(Principal office address)

Box 471049 Summerland Viez, FL 33042
(Current mailing address) (Current mailing address)

Omputer Leasing

(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 accept Office Address: 27417 Caymon Ln.

Ramrod Vity, Florida 33042
(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.

(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.

RESOLUTION OF BOARD OF DIRECTORS

(Please print or type)

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

12. Names and business addresses of officers and/or directors:

A. DIRECTORS					
Chairman: Some as President	-4,	or a service of	<u>.</u>	1-44-) <u>1885</u> 7.
Address:					
Vice Chairman: N/A					
Address:					
Director: N/A	- 144		<u> </u>	· · · · · · · · · · · · · · · · · · ·	i lulu aa
Address:					
Director: All A	<u> </u>	<u></u>	<u> </u>	<u></u>	" white
Director: NA	<u> </u>	- 4 -			· · · · · · <u> · · ·</u>
Address:					
	300°	€n iswanuti zing	, 3 ·		3- 2-4#42±
B. OFFICERS					
President: Melvin F. Schell Address: 77417 Cuma La	<u> </u>	. <u> </u>	17	<u> </u>	· 17 . ==================================
Address: 27417 Caymon Ln.		antino de la secono	SECI ALL		
Range Vier, FL 33042					.
Vice President: NA			A 4 2 24 1 1	3 F	_
Address:				<u> </u>	 -
				5	
Secretary: NA				}.	-: -=
A ddunca.		ह इंड	<u> </u>	<u> </u>	- <u> </u>
Treasurer: Dolle S. Schell				<u> </u>	Variety views
			<u> </u>		· · · · · · · · · · · · · · · · · · ·
Address: 27417 Common La Romad L	ley FL	33047			<u> </u>
NOTE: If necessary, you may attach an addendum to the ar	polication listin	ng additional office	ers and/or director	re	
. h. I. III					
(Signature of Chairman, Vice Chairman, or	any officer list	ed in number 12 o	f the application)		<u>‡</u> • 1 ±
14. Melno F. Schell - Preside	en+				
(Typed or printed name and capacity	y of person sig	ning application)			_ = ==

Secretary of State

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530 CONTROL NUMBER : K318748
DATE INC/AUTH/FILED: 08/09/1993
JURISDICTION : GEORGIA
PRINT DATE : 11/29/2001
FORM NUMBER : 211

AARIST INTERNATIONAL MELVIN F. SCHELL 1959-G PARKER CT. STONE MOUNTAIN, GA 30087

CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that as of the above print date

A GEORGIA PROFIT CORPORATION

is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code-of-Georgia Annotated.

Said entity was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date and has not filed acticles of dissolution, certificate of cancellation or any other similar document with the Office of the Secretary of State.

This certificate relates only to the legal existence of the above handed entity as of the print date above. It does not certify whether or not a notice of intent to dissolve an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This information is electronically transmitted, issued and certified in accordance with the Georgia Electronic Records and Signatures Act and Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

20011129233900585



Cathy Cox Secretary of State