TO:	Registration Section Division of Corporations

SUBJECT: Rose of St				
	(Name of co	rporation - must include suffi	ix)	
Dear Sir or Madam:				
The enclosed "Application" Certificate of Existence to transact business in Figure 1.	", and check are submitted	n for Authorization to Transact d to register the above referen	ced foreign corporation	
Please return all correspo	ondence concerning this m		004692638- -11/26/0101032- *******78.75	
Sharon Knapp		_	<u> </u>	J i
	(Name	of Person)		21
Rose of Sharon, Inc.				
	(Firm/	Company)		- ·
PO Box 686		• • • • • • • • • • • • • • • • • • • •		
	(A	ddress)		-
		-		
Summerfield, FL 34492-06			· · · _	
	(City/Sta	ate/Zip code)		_
For further information of	concerning this matter, ple	ase call:	010 46 9 2 3 3 5 -1 V 36 / 01 - 01 1 3 2 - * V 35 7 8 - 5 V ***	
Sharon Knapp	at 352	2- 620-0441		
(Name of Perso		Area Code & Daytime Teleph	one Number)	
STREET ADDRESS: Registration Section Division of Corporations 400 E. Gaines St. Tallahassee, FL 32399		MAILING ADDRESS Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	JAN -9 CRETARY OF LAHASSEE.	_
Enclosed is a check for the	ne following amount:	-	PH II: F STAT	•
\$70.00 Filing Fee	X \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee Certificate of Status & Certified Copy	
				-A-

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FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

November 28, 2001

SHARON KNAPP **PO BOX 686** SUMMERFIELD, FL 34492-0686

SUBJECT: ROSE OF SHARON, INC.

Ref. Number: W01000027041

We have received your document for ROSE OF SHARON, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

A post office box is not an acceptable address for the registered agent.

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) 245-6097.

Michael Mays Document Specialist

Letter Number: 201A00063041

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT ATX1 **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.

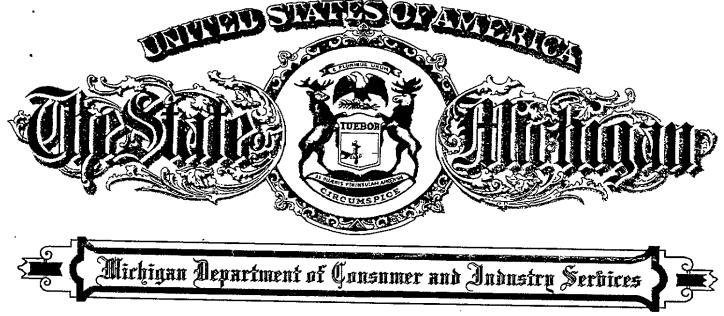
 Rose of Sha 	aron, Inc.		
(Name of co	orporation; must include the word "INCORPO	RATED" "CO	MPANV" "COPPORATION"
17 O2 UD O1 UD	or cytations of the import in tanguage as mall c	learly indicate	that it is a comparation is at a 1.5
natural pers	on or partnership if not so contained in the name	ne at present \	mat it is a corporation instead of a
		ze at present.)	
2. Michigan		2	
(State or cour	ntry under the law of which it is incorporated)	3. 38-3192700 (FEI number, if applicable)	
,	and the few of which it is incorporated)		(FEI number, if applicable)
4.			
Ť	8/1/1994 (Date of incorporation)	perpetual	
	(Date of incorporation)	(Duration	Year corp. will cease to exist or "perpetual")
6. <u>upon q</u> ualific	ation		- ,
Date firs	t transacted hysiness in Florida. If compared in L		
(t transacted business in Florida. If corporation has	not transacted by	usiness in Florida, insert "upon qualification.")
	(SEE SECTIONS 607.1501, 60	77.1502 and 81	7.155, F.S.)
7 170130	rect in all al	a	÷
	S.E. 135th St. summer (Principal o	field Fl	L.3449/
	(Principal o	ffice address)	
PO Box 686	Summerfield, FL 34492-0686	·	
	(Current ma	iling address)	<u> </u>
_			
house and of	fice cleaning service	:	
(P	urpose(s) of corporation authorized in home sta	ate or country t	o he carried out in state of Elected
		are or country t	o oc carried out in state of Horidap
9. Name and	street address of Florida registered agent	to (P () Roy (m Mail Dran NOT
	agent	(1 .O. DOA (Man Drop NOT acceptable
Name:			
- 1011101	опагон тепарр	· ·	ARY O
Office Address:	PO BOX 686 7428 S.F 135	-45 51	
O 12200 1 kacatess.	1128 3,12 137		ES ₹ U
	Summerfield		39491 - 48 Syde Cin code
	Summerfield (City)	, Florida	34492 0686
	(City)		(Zip code)
10 . Pagistarad	agent's acceptance:		
Having hoon na	agent's acceptance:		
place designated	ned as registered agent and to accept servi	ice of process	for the above stated corporation at the
r-ijornance oj n	ny duties, and I am familiar with and acce	ept the obliga	tions of my position as registered agent.
	,		
	M		
	- XHAROW TXNAA	0	
	Makow Sunga (Registered agon	t's signature)	

11. Attached is a certificate of existence of duly authenticated, not more than 90 days prior to delivery of this applicatio 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.

æil.

A T	/IDI	7/17	ODC

hairman: Sharon Knapp
ddress: PO Box 686
Summerfield, FL 34492-086
ice Chairman: same
ddress:
irector:
ddress:
irector:
••
OFFICERS
esident: Sharon Knapp
idress: PO Boc 686
Summerfield, FL 34492-0686
ice President: same
Idress:
55 F
ldress:
idress:
easurer: same
ldress:
OTE: 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)
Sharon Knapp, President
(Typed or printed name and capacity of person signing application)



Lansing, Michigan

This is to Certify That

ROSE OF SHARON, INC.

was validly incorporated on August 5, 1994, as a Michigan profit corporation, and said corporation is validly in existence under the laws of this state.

This certificate is issued to attest to the fact that the corporation is in good standing in Michigan as of this date and is duly authorized to transact business or conduct affairs in Michigan and for no other purpose.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 7th day of November, 2001

, Director

Bureau of Commercial Services