

Certificate of Status

TO: Registration Se Division of Cor	
SUBJECT: No	(Name of corporation - must include suffix)
	(Name of corporation - must include suffix)
Dear Sir or Madam:	
	ion by Foreign Corporation for Authorization to Transact Business in Florida", e", and check are submitted to register the above referenced foreign corporation Florida.
Please return all correst	ondence concerning this matter to the following:
	Money Pres. 5 CALL (Name of Person)
	(Name of Person)
HOLIDAG	SATA DRICES THE
	(Firm/Company)
6689 f	(Firm/Company)  EACHTREE THOUSTRIAL BLUD JUTE H  (Address)  (Address)  (City/State and Zin code)
	(Address)
Norce	oss. 6A 30092
	(City/State and Zip code)
For further information	800074205883 -08/29/0201028004 *****78.75 *****78.75
RS (Nick) M	bonen a (800) 433-9866
(Name of Perso	one at (Foo) 433-9866  (Area Code & Daytime Telephone Number)
STREET ADDRESS:	MAILING ADDRESS: W07-253/
Registration Section	Registration Section
Division of Corporation	
409 E. Gaines St. Tallahassee, FL 32399	P.O. Box 6327 Tallahassee, FL 32314
Tananassee, FL 32399	Tallallassee, FL 52514
Enclosed is a check for	the following amount:
☐ \$70.00 Filing Fee	\$78.75 Filing Fee & \$78.75 Filing Fee & \$87.50 Filing Fee,

Certified Copy

Certificate of Status &

Certified Copy





## FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State

August 30, 2002

MORRELL

RICHARD J. MORRET, PRES. HOLIDAY ENTERPRISES, INC. 6689 PEACHTREE INDUSTRIAL BLVD. SUITE H NORCROSS, GA 30092

SUBJECT: HOLIDAY ENTERPRISES, INC.

Ref. Number: W02000025311

We have received your document for HOLIDAY ENTERPRISES, INC. and your check(s) totaling \$78.75. 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 of the DOCUMENT SPECIALIST indicated.

Please note that this adopted name is for use in Florida only and does not affect your filing in Delaware in any way. You are not allowed to form your adopted name by adding "Florida" or "of Florida" to your name, and you may wish to call the number below to check any name you'd like to adopt.

Please return 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) 245-6958.

Lee Rivers Document Specialist EP 16 AM 8:56

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

Letter Number: 302A00050671

#### RESOLUTION OF BOARD OF DIRECTORS

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

### APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN T		
1. HOLDAY ENTREPRISES, INC		
(Name of corporation; must include the word "INCORPORATED", "COMPAN	Y". "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. DECAMARE 3. DECAMARE	58-265 3889 FEI number, if applicable)	
4. 6/03/99 5. Pea.	OFTUAL	
4. 6/03/99 (Date of incorporation)  5. PeopeTume (Duration: Year corp. will cease to exist or "perpetual")		
6. UPON QUALFICATION	•*	
(Date first transacted business in Florida. If corporation has not transacted busine		
(SEE SECTIONS 607.1501, 607.1502 and 8:	./.155, F.S.)	
7. 6689 REACHTINEE TWO. BWD # H (Principal office address)	NORCROSS 6A 30092	
(Principal office address)		
(Current mailing address)		
(Current mailing address)		
	O DIV.	
8. SALES OF EQUIPMENT	2.8	
(Purpose(s) of corporation authorized in home state or country to be carried	l out in state of Florida)	
9. Name and street address of Florida registered agent: (P.O. Box or M	eil Dron Boy NOT acceptable	
· · · · · · · · · · · · · · · · · · ·		
Name: JAMES HULKEY	985	
Name: JAMES HULKEY Office Address: 2840 N.E. 22WD AVE.  LIGHTHOUSE POINT, Florida  (City)	AM 8: 56	
LIGHT HASE POWET	23064	
	(7in anda)	
(City)		
(City)	(Zip code)	
10. Registered agent's acceptance:		
10. Registered agent's acceptance:  Having been named as registered agent and to accept service of process fo	r the above stated corporation at the place	
10. Registered agent's acceptance:  Having been named as registered agent and to accept service of process fo designated in this application, I hereby accept the appointment as registered.	r the above stated corporation at the place ed agent and agree to act in this capacity. I	
10. Registered agent's acceptance:  Having been named as registered agent and to accept service of process fo	r the above stated corporation at the place ed agent and agree to act in this capacity. I oper and complete performance of my	

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.

(Registered agent's signature)

12. Names and business addresses of officers and/or directors:
A. DIRECTORS
Chairman: RICHARD J. MORREU
Address: 752 STARMIST CT KENNESOW, 6 A 30144
Vice Chairman: KICHARD CASCARIO
Address: 7015 Colheco Ct Comming, 6A 30041
Director: Judy A Money
Address: 752 Starmist Ct Konnessin GA 30144
•
Director: DeBoraH (ASEARIO)  Address: 7015 Coffield C+ Cumming, 6A 300H)
Address: 7015 Coffield C+ Cumming GA 300H
B. OFFICERS
President: Kichard J. Morreu
Address:
で <u> </u>
Vice President: Judy A Moneur
Address:
56 ONE
Secretary: Jupy A. Morreu
Address:
Treasurer:
Address:
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
13. Kanstyre of Chairman Vice Chairman or any officer listed in number 12 of the smillestion)
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
14. Typed or printed name and capacity of person signing application)

# Delaware

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#### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HOLIDAY ENTERPRISES 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-FIRST DAY OF AUGUST, A.D. 2002.

DIVISION OF CORPORATIONS



Darriet Smith Hindson

larriet Smith Windsor, Secretary of State

AUTHENTICATION: 1947129

DATE: 08-21-02

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