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TRANSMITTAL LETTER

TO: Registration Section Division of Corporate	ions		
SUBJECT: Slo	sh Uncorpo (Name of corporation	nated	
	(Name of corporation	on - must include suffix)	
Dear Sir or Madam:			
The enclosed "Application be "Certificate of Existence", as to transact business in Florid	id check are submitted to		
Please return all corresponde	nce concerning this matte	r to the following:	7
JAMES P. COLE	JR		
	(Name o	Person)	The second second
SLOSH INCORP	DRATED		Tor.
	(#)mn/(.c)	mpany)	302
15900 ACORN (CIRCLE	•	<i>y 0</i> .
	(Add	ress)	****
TAVARES 72.	32778		
- IAVARCES IC.	(City/State	and Zip code)	
	•	•	
For further information conce	erning this matter, please	call:	
JIM COLE	at (352	742-2751	
(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	
Enclosed is a check for the fo	llowing amount:		,
☐ \$70.00 Filing Fee ☐ \$	78.75 Filing Fee & C Certificate of Status	\$78.75 Filing Fee & X Certified Copy	\$87.50 Filing Fee, 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.

1. SLOS	SH INCH		
words or abbrev	oration; must include the word "INCORPORATI viations of like import in language as will clearly or partnership if not so contained in the name at	y indicate that it is a corporation instead of a	OF THE TY
2. NEVE	9 DA 3. y under the law of which it is incorporated)	13-42/8535 (FEI number, if applicable)	TO THE TANK OF THE PARTY OF THE
· ·	5. 23, 2002 5. te of incorporation)		10 July 10 10 10 10 10 10 10 10 10 10 10 10 10
6. UPON (QUALIFICATION		
·	(SEE SECTIONS 607.1501	transacted business in Florida, insert "upon qua , 607.1502 and 817.155, F.S.)	
7. <u>43</u>	10 S. CAMERGN St. SUITE	ELL LAS VEGAS, NV 8910	33
	(Principal office add		
<u> P.G. B</u>	ox 30610 Las VEGAS, NV.	89173-0610	
	(Current mailing add	ress)	
		R THE BLIND (MALL FOR ALL	
(Purpose((s) of corporation authorized in home state or co	ountry to be carried out in state of Florida)	
9. Name and str	reet address of Florida registered agent:	(P.O. Box or Mail Drop Box NOT accepta	ble)
Name:	JAMES P. COLEJR	<u> </u>	· · · · · · · · · · · · · · · · · · ·
Office Address:	15900 ACORN CIRCLE		
		, Florida <u>32778</u>	
	(City)	(Zip code)	
10 Panietarad s	saant's accentance		

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: JAMES P. COLEJR	
Address: 15900 ACORN CIRCLE	- 1 Th
TAVARES, 7L, 32778	
Vice Chairman:	
Address:	
Director:	TO AS
Address:	
Director	o Control of the design of the design of
Director:	The second secon
Address:	<i>A</i> 2
	A CANAL
B. OFFICERS	
President: James P. GLE JR	
Address: 15900 ACORN CIRCLE	
TAVARES, 7L.32778	
Vice President:	The state of the s
Address:	
Secretary: JULIEN B. COLE	7,02 ···
Address: 15900 ACORN GRCLE TAVARES, 71.32778 Treasurer: JOLIEN B. COLE	
Treasurer: JOLIEN B. COLE	
Address: 15900 ACORN CIRCLE TAVARES, FL. 32778	2 · · · · · · · · · · · · · · · · · · ·
•	2
NOTE: If necessary, you may attach an addendum to the application listing addition	
13. (Signature of Chairman, Vice Chairman, or any officer listed in nur	1 10 Cd - C - C - C
Thurs Dans To Co	moer 12 of the application)
14. JAMES P. COLE JR. CHAIRMAN (Typed or printed name and capacity of person signing app	lication)



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **SLOSH**, **INC**., as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since August 23, 2002, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office, in Carson City, Nevada, on December 19, 2002.

DEAN HELLER Secretary of State

By S. J. Jach

Certification Clerk