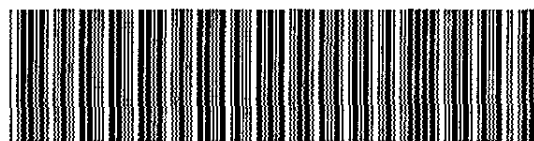


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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



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STATE  
COMMISSIONERS  
TALLAHASSEE, FLORIDA

CT CORPORATION

January 28, 2003

Secretary of State, Florida  
409 East Gaines Street  
Tallahassee FL 32399

Re: Order #: 5776343 SO  
Customer Reference 1:  
Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

Sunbreeze Management, Inc. (IA)  
Qualification  
Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Ashley A Mitchell  
Fulfillment Specialist  
Ashley\_Mitchell@cch-lis.com

660 East Jefferson Street  
Tallahassee, FL 32301  
Tel. 850 222 1092  
Fax 850 222 7615

A CCH LEGAL INFORMATION SERVICES COMPANY

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILE  
FIRST  
PLEASE

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA

FILED

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.

03 JAN 28 PM 2:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. SUNBREEZE MANAGEMENT, 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. IOWA

(State or country under the law of which it is incorporated)

3. 01-0762043

(FEI number, if applicable)

4. JANUARY 14, 2003

(Date of incorporation)

5. PERPETUAL

(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. 400 LOCUST STREET, SUITE 790, DES MOINES, IOWA 50309

(Principal office address)

400 LOCUST STREET, SUITE 790, DES MOINES, IOWA 50309

(Current mailing address)

8. REAL ESTATE OWNERSHIP

(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: C T Corporation System

Office Address: 1200 South Pine Island Road,

Plantation, Florida 33324

(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.*

C T Corporation System

By:

Connie Bryan

(Registered agent's signature)

CONNIE BRYAN  
SPECIAL ASSISTANT SECRETARY

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:

FILED

03 JAN 28 PM 2: 01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

A. DIRECTORS

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: HARRY BOOKEY

Address: 400 LOCUST STREET, SUITE 790

DES MOINES, IOWA 50309

Director: \_\_\_\_\_

Address: \_\_\_\_\_

B. OFFICERS

President: HARRY BOOKEY

Address: 400 LOCUST STREET, SUITE 790

DES MOINES, IOWA 50309

Vice President: HARRY BOOKEY

Address: 400 LOCUST STREET, SUITE 790

DES MOINES, IOWA 50309

Secretary: HARRY BOOKEY

Address: 400 LOCUST STREET, SUITE 790, DES MOINES, IOWA 50309

Treasurer: HARRY BOOKEY

Address: 400 LOCUST STREET, SUITE 790, DES MOINES, IOWA 50309

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

13.  \_\_\_\_\_

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. HARRY BOOKEY, PRESIDENT

(Typed or printed name and capacity of person signing application)

# IOWA

Date: 5/14/2003

03 JAN 28 PM 2:0

## SECRETARY OF STATE

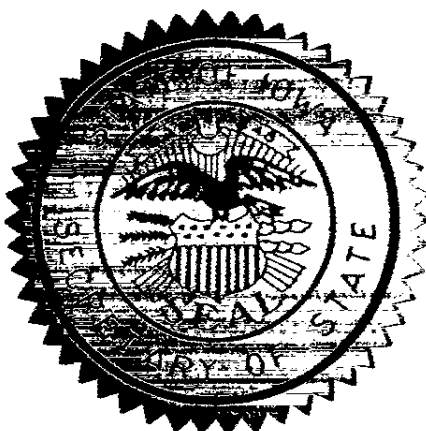
CLERK OF STATE  
TALLAHASSEE, FLORIDA

490 DP-000274859  
SUNBREEZE MANAGEMENT, INC.  
DAVIS, BROWN, ET AL  
REBECCA LINDER  
DES MOINES, IA 50309

### CERTIFICATE OF EXISTENCE

Name: SUNBREEZE MANAGEMENT, INC.  
Begin date: 01/14/2003  
Expiration: PERPETUAL

I, CHESTER J. CULVER, secretary of state of the state of Iowa, custodian of the records of incorporations, certify that the corporation named on this certificate is in existence and was duly incorporated under the laws of Iowa on the date printed above, that all fees required by the Iowa Business Corporation Act have been paid by the corporation, that the most recent biennial corporate report has been filed by the secretary of state, and that articles of dissolution have not been filed.



A handwritten signature in cursive script, reading "Chester J. Culver".

CHESTER J. CULVER SECRETARY OF STATE

