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To:

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Division of Corporations

; (850)205-0383 Fax Number

From:

: BLUMBERG/EXCELSIOR CORPORATE SERVICES Account Name

Account Number: 075350000353 : (212) 431-5000 Phone : (212)431-1441 Fax Number

FOREIGN PROFIT QUALIFICATION

MARKET LOGISTICS COMPANY, INC.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

MARKET LOGISTICS, INC. 164 MILESTONE WAY SUITE 210 **GREENVILLE, SC 29615**

FLORIDA DEPARTMENT OF STATE Division of Corporations PO Box 6327 Tallahassee, FL 32314

MARKET LOGISTICS, INC., a South Carolina Corporation qualified to do business in the state of Florida does hereby consent to the use of the name MARKET LOGISTICS COMPANY, INC. in the state of Florida.

March

JULIUS BLUMBERG

2003

Michael Cale, President MARKET LOGISTICS, INC.

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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. MARKET LOGISTICS COMPANY, 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.) (State or country under the law of which it is incorporated) (FEI number, if applicable) (Duration: Year corp. will cease to exist or "perpetual") (Date of incorporation) 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.) 777 Terrace Avenue, Hasbrouck Heights, NJ 07604 (Principal office address) (Current mailing address) 8. grocery and other product distribution (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) 9. Name and atreet address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Frank Mazza Name: Suite 3100 7700 Congress Office Address: Boca Raton , Florida (City) 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.

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.

JULIUS BLUMBERG

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Fax:212-692-9256

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

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SMART MANAGEMENT GROUP INC.

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Profit Corporation was registered by this office on March 19, 2002.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and registered office are:

Donald Sheeler 1060 Monroe St. Hoboken, NJ 07030



IN TESTIMONY WHEREOF, I have heretosto set my hand and affixed my Official Seal at Trenton, this 20th day of March, 2003

Jeherre

John E McCormac, CPA

State Treasurer

STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
SHORT FORM STANDING

MARKET LOGISTICS COMPANY INC.

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Profit Corporation was registered by this office on December 11, 2002.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and registered office are:

Harvey Shapiro 777 Terrace Parkway Hasbrouck Heights, NI 07604

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CONNECTICUT QUESTIONNAIRE FOR COMPLETION OF CERTIFICATE OF INCORPORATION

- 1. Name of Corporation
- The corporation shall have authority to issue ______ shares of common stock having \$_____ par value or no par value por share Z.
- The name and business as well as residential Connecticut Street address of the registered agent in the state of Connecticut is: (absolutely no box numbers)
- The name(s) and address(es) of the Director/Directors of the corporation is/are: (absolutely no box numbers)

Your Account #:

Your Name, Your Phone #:, Your Address:

If you do not have an acct, with us, please propay vis; credit card or certified check. If you are an Attorney or CPA, the check does not have to be certified.

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State Filing Fee:
S. 200.00 state disbursement/ S. 25.00 expediting disbursement Blumberg Service Fee:
S. 90.00
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