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| (| (Requestor's Name) |
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| | Addina |
| { | (Address) |
| (| Address) |
| (| City/State/Zip/Phone #) |
| PICK-UP | WAIT MAIL |
| (| Business Entity Name) |
| | |
| (| Document Number) |
| Certified Copies | Certificates of Status |
| Special Instructions | to Filing Officer: |
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2011 OF CORPORATIONS
ALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

| TO: Registration Section Division of Corpo | | | |
|---|---|--|---|
| SUBJECT: | WATERWORLD | PT / LTD IVC | |
| | (Name of corpora | tion - must include suffix) | |
| Dear Sir or Madam: | | | |
| 2 - | and check are submitted t | or Authorization to Transact B to register the above referenced | • |
| Please return all correspor | dence concerning this mat | ter to the following: | |
| Corpor | Ross | | |
| | | of Person) | THE THE |
| | (Firm/C | Company) | 7 2 200 |
| 2038 | 20th AVE PORK | Company) A4 Idress) FL 33785 te and Zip code) | SSEE PA 3: 35 |
| | (Ac | idress) | 2 |
| 4100 | Porces Ready | E) 7875 | 10 m |
| | (City/Stat | te and Zip code) | |
| | (| , , | |
| For further information co | ncerning this matter, pleas | e call: | |
| 1 | - | | |
| Croppon Ro | sg at (727) | 2 5/7 - 4353 ra Code & Daytime Telephone | |
| (Name of Person) | (Are | a 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 | e following amount: | | |
| ☐ \$70.00 Filing Fee C | 3 \$78.75 Filing Fee & Certificate of Status | ☐ \$78.75 Filing Fee & ☑ Certified Copy | \$87.50 Filing Fee, Certificate of Status & |

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.

| 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 | 1. | WATERWARD PTY LTD INC. |
|--|---------------|---|
| (Dute of incorporation) (Date of incorporation) (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. 44 GLARWYN AVENUE, EAST BLANTERIAM, VP. 3165 pusterial (Principal office address) SAME (Current mailing address) 8. 70 SAU STAINLES SIFE MAINE PRONEB (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: GOLGAN BS Office Address: DSB BART , Florida 33 FS (City) (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 | | (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.) |
| (Date of incorporation) 5. | 2. | (State or country under the law of which it is incorporated) (State or country under the law of which it is incorporated) (FEI number if applicable) |
| (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) 7. 44 Giray In Avenue, East Benterial Ve 3165 pristerial (Principal office address) 8. Description 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: Giray Description 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: Giray Description of State of Florida State of Fl | | (Date of incorporation) 5. PEPPETUO (Duration: Year corp. will cease to exist or "perpetual") |
| 8. To Sank Stanks Steel Marke Property (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: Goldon Loss Office Address: So Stank Are follows (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 | 6. | (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.) |
| 8. To Seu Standards Steel maline flavours (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: Toland Ross Office Address: Description of Florida Standard (City) (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 | 7. | |
| Name: Goldon Loss Office Address: As & All All Andrews INCOMA Rocks Bapart , Florida 33 fs (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 | 8. | TO SELL STRINGES STEEL MARINE PRODUCTS |
| 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 | | Name: Goean Ross |
| 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 | 0 | ffice Address: So 38 So ANE HALLANN |
| auties, and I am familiar with and accept the obligations of my position as registered agent. | H de fu | aving been named as registered agent and to accept service of process for the above stated corporation at the place signated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I |

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: KARIN KOLLER |
| Address: 46 GLAONYN AVANUE |
| EAST BENTLEMY, VIC 3165 AUSTRALIA |
| |
| Vice Chairman: Address: Director: |
| Director: |
| Address: |
| Director: |
| Address: |
| B. OFFICERS President: SEF LOUER Address: 46 GLACINA ANEME EBST BENTVEIGH, V.C. 3165 ANSTRALIA |
| Vice President: Goloo Boss |
| Address: |
| Secretary: |
| Address: |
| Treasurer: |
| Address: |
| NOTE: 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) 14. (Typed or printed name and capacity of person signing application) |

KARIN KOLLER 46 Gladwyn Avenue BENTLEIGH EAST VIC 3165

Certificate of the Registration of a Company

Corporations Act 2001 Paragraph 1274 (2) (b)

This is to certify that

HAWLEY BEACH PTY. LTD.

Australian Company Number 064 722 729

is a registered company under the Corporations Act 2001 and is taken to be registered in Victoria.

On the seventeenth day of June 1996 the company changed its name to WATERWORLD PTY LTD

The company is limited by shares.

The company is a proprietary company.

The day of commencement of registration is the sixteenth day of May 1994.

Issued by the

Australian Securities and Investments Commission on this fourth day of June, 2003.

A delegate of the Australian Securities and Investments Commission

THE WAY SEEL PLANTING