## F03000004532

(Req	uestor's Name)	
bbA)	ress)	
(Add	ress)	
(City/	/State/Zip/Phone	e #)
PICK-UP	<b>W</b> AIT	MAIL
(Busi	ness Entity Nan	ne)
(Doc	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fi	ling Officer:	
4		

Office Use Only

TAFLAHASSEE, FLOR



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## WILH. WILHELMSEN (USA), INC. 307 TCHOUPITOULAS ST. NEW ORLEANS, LA. 70130 PHONE 504.529.3939 FAX 504.566.7985 EMAIL JOHN.BARKER@BARWIL.COM

FILED

03 SEP -2 AM II: 05

A A ART OF STATE
INTERIOR AND STATE

August 22, 2003

Florida Department of State Registration Section Division of Corporations P. O. Box 6327 Tallahassee, Florida 32314

Dear Sir or Madam:

Please find enclose our check for \$ 78.75 which represents our filing fee and certified copy. Please forward this copy as soon as possible to the address above.

Thank you for your assistance in this matter.

Regards,

John Barker Treasurer

## TRANSMITTAL LETTER

03 SEP -2 AHII: 0:

TO: Registration Section Division of Corporations	TAH MISSEE	
SUBJECT: WILH. WILHELM SEN (USA), INC., DBA (Name of corporation - must include suffix)	Brewil Ad	
(Table of borporation mast merals barms)		
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation for Authorization to Transact Business "Certificate of Existence", and check are submitted to register the above referenced foreig to transact business in Florida.		
Please return all correspondence concerning this matter to the following:	<i>⇒</i> -	
JOHN BARKER		
(Name of Person)		
WILH. WILHELMSEN (USA) INC. (Firm/Company) 307 TOHOUPITOULAS ST	. <u>.</u>	
(Firm/Company)	. 2 *	
307 TOHOUPITOULAS ST		
(Address)		
NEW OR CEANS LA. 70130		
(City/State and Zip code)	127160	
For further information concerning this matter, please call:	w.	
Name of Person) at (504, 529-3939) (Area Code & Daytime Telephone Number)		
(Name of Person) (Area Code & Daytime Telephone Number	er)	
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 following amount:		
Certificate of Status Certified Copy Cert	50 Filing Fee, ificate of Status & ified Copy	

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

FILE

IN COMPLIANCE	WITH SECTION	ON 607	7.1503, FLORIDA STA	TUTES, THE	FOLLO	WING IS SUBM	ITTED BO SEP -2
			ON TO TRANSACT BU		HE SIAL	Ŀ OF_ŸLOKIDA	المراكب الملالا
			(USA), Inc		Y". "CORI	PORATION" or	TALLAHASSE
words or abbrevi	ations of like im	port in la	anguage as will clearly in	ndicate that it is			
~		ot so cor	tained in the name at pro		1150	7220	-
2. OECAL (State or country)		which it	3	75-	FEI numbe	er, if applicable)	<u></u>
`	3/6/91		<del>"</del>	$\rho_{z}$	o Oct	uac_	
4	of incorporation					l cease to exist or	"perpetual")
	7-1-0.	_			-		
·		·lorida	If corporation has not tr				qualification.")
17 . 11	2	•	SECTIONS 607.1501, 6				77.0
7. 10249	NW	9_	LANE	MIA	mit	ZORIDA	00/8
12249	$\Lambda(a)$	9	LANE (Principal office address LANE	is) <i>M / A</i> i	m.	GOOLLA	33/82
102/1	7000		(Current mailing address		7,50	20,01207	
_ ^	. 1	,					
U	ING AZ				·		
(Purpose(s	s) of corporation	authori2	zed in home state or cour	itry to be carrie	ed out in st	ate of Florida)	
			a registered agent: (l	P.O. Box or N	Mail Drop	Box NOT acce	ptable)
Name:	GDWIN	J Z	DELGASO				
•	13249	7	NW 9 LA	ME NE			_
Office Address:	24. 1	•	, , ,	<u></u>	2-1	102-	
	11114	nc		, Florida	201	<del>8</del>	
	. (	City)			(Zip co	de)	
10. Registered a				_			
Having been nan	ted as registere Capalication, l	ed agen Thereby	t and to accept service accept the appointme	e of process f ent as registe	for the abo red agent	ove stated corpo and agree to a	oration at the place ct in this capacity. I
further agree to d	comply with the	e provis	sions of all statutes re	lative to the p	proper and	d complete perf	
duties, and I am	familiar with a	nd acc	ept the obligations of	my position a	us register	red agent.	
							_
	•		Edwi I	Elando		_	
_			(Registered agent's sign	nature)			

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. Nam	es and business addresses of officers and/or directors:	FILED
A. DIRE	Ryman Jana Black	03 SEP -2 AM 11: 0:
Chairman: Address:	D.o. Box 33	LALLAPASSEE FLORID
Address.	NO-13 X LYSGKER, NORWAY	Lattim Models Legitte
3/RECYC		
Address:	307 TCHOUPITOURAS ST.	
-	NEW DELEANS LA. 70130	
Director:	Doublas J. Butwill	<u> </u>
Address:	307 TEHOUPITALLAS ST.	
	NEW CRIEANS, CA. 70130	=-
Director:		
Address:	NEW ORLEANS LA. 70130	Andreas
	NEW CREENS CH. 10130	: :
B. OFF	KADON TOCK CACOL	출: %. 
President;	Lo Box 38	<u> </u>
Address:	NO-13 W LUSAKER NORWAY	
HC. Vice Presi		<del> </del>
Address:	307 TCHOUP TOULAS St.	Alexander Services and
1 1111	NEW ORCEANS 64. 70130.	
V. PRES.	Dodocas J. Gutw16	
Address:	307 TCHOUP (TOULASSY NEW OR	CANS 64 7013
Treasurer:	JOHO W. BARKER JE.	<u> </u>
Address:	307 TCHOUPITOULAS ST? NEW ORD	(LANSLA. 7013e
NOTE:	If necessary, you may attach an addendum to the application listing additional officers	and/or directors
13	Home Muller	and of 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)	RE



The First State

03 SEP -2 AM 11: 05

OLÜRE ANG OF STATE FALLAHASSEE, FLORIDA

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "WILH. WILHELMSEN (USA), 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-NINTH DAY OF JULY, A.D. 2003.



Darriet Smith Hindson

AUTHENTICATION: 2584944

DATE: 08-15-03

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