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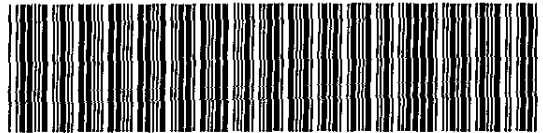
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TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BARNETT WESTERN STORE, INC.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

CAROL GRAY
(Name of Person)

BARNETT WESTERN STORE, INC.
(Firm/Company)

25 ARKANSAS
(Address)

LE HIGH ACRES, FL 33936
(City/State and Zip code)

For further information concerning this matter, please call:

CAROL GRAY at (239) 368-5344
(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 following amount:

- ☒ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & 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. BARNETT WESTERN STORE, 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. INDIANA 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 12/30/1977 5. PERPETUAL
(Date of incorporation) (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. 25 ARKANSAS LEHIGH ACRES, FL 33936
(Principal office address)

25 ARKANSAS LEHIGH ACRES, FL 33936
(Current mailing address)

8. SALE OF CLOTHING AND ASSOCIATED PRODUCTS
(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: CAROL GRAY

Office Address: 25 ARKANSAS

LEHIGH ACRES, Florida 33936
(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.

+ Carol Gray
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this app 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.

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STATE
SECRETARY OF
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: CAROL GRAY

Address: 25 ARKANSAS

LEHIGH ACRES, FL 33936

Vice President: _____

Address: _____

Secretary: CAROL GRAY

Address: 25 ARKANSAS, LEHIGH ACRES, FL 33936

Treasurer: CAROL GRAY

Address: 25 ARKANSAS, LEHIGH ACRES, FL 33936

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

13. x Carol Gray

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

14. CAROL GRAY - PRESIDENT

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

**STATE OF INDIANA
OFFICE OF THE SECRETARY OF STATE
CERTIFICATE OF EXISTENCE**

To Whom These Presents Come, Greeting:

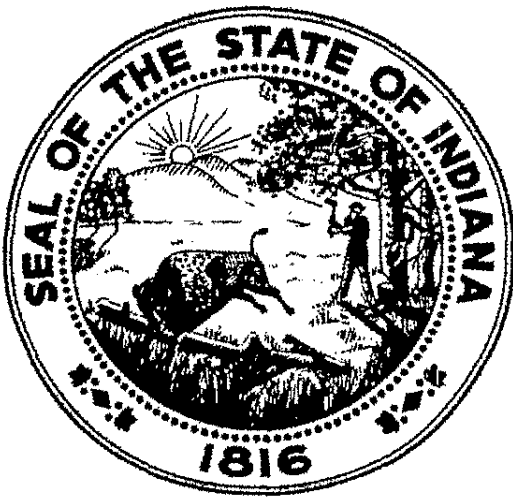
I, TODD ROKITA, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

BARNETT WESTERN STORE INC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on May 07, 1976, and was in existence or authorized to transact business in the State of Indiana on September 09, 2003.

I further certify this For-Profit Domestic Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the City of Indianapolis, this Ninth Day of September, 2003.

A handwritten signature in black ink, reading "Todd Rokita". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

TODD ROKITA, Secretary of State