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(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:



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DIVISION OF CURPORATION

Office Use Only

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TRANSMITTAL LETTER

TO: Registration Se Division of Co					
SUBJECT:	MASON CORPORATION				
	(Name of corporation - must include suffix)				
Dear Sir or Madam:					
	tion by Foreign Corporation for Authorization to Transact Business in Florida", ce", and check are submitted to register the above referenced foreign corporation to orida.				
Picase return all corresp	pondence concerning this matter to the following:				
	Richard Mason				
	(Name of Person)				
M	lason Corporation				
	(Firm/Company)				
811	4 Isabella Lane				
	(Address)				
Bı	centwood, TN 37027				
	(City/State and Zip code)				
For further information	concerning this matter, please call:				
Dick Ma	ason at (800) 821-4141				
(Name of Pers	ion) (Area Code & Daytime Telephone Number)				
	AH. Chief				
	A5: C				
STREET ADDRESS: Registration Section	MAILING ADDRESS:				
Division of Corporation					
409 E. Gaines St. P.O. Box 6327					
Taliahassee, FL 32399	Taliahassee, FL 32314				
Enclosed is a check for	the following amount:				
☐ \$70.00 Filing Fee	Certificate of Status Certified Copy Certified Copy Certified Copy Certified Copy 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. MASON CORPORATION

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) Tennessee

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

3. _____ (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.) Isabella Lane
(Principal office address) To sell toys playgrounds & water slides
(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) Innovative Netting 10. Registered agent's acceptance: 10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporatify at the place

designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. If further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.

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

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

under the law of which it is incorporated.

and I am familiar with and accept the abligations of my position as registered agent.

(Registered agent's signature)

A. DIRECTORS						
Chairman: Dic	k Mason		- <u></u>	*	· • · · ·	- ·-
Address: 8114	Isabella	Lane				
	ntwood, -					
	olie M.	-				
Address:						
		•				3.
Director:				***		e 222
					. ,,	
Director:			· · · · · · · · · · · · · · · · · · ·			
		· -				
B. OFFICERS						
President:	ick Mas	son				
Address:		50-1				
Address:	(Same)					
M.C. and Daniel Street		· · · · · · · · · · · · · · · · · · ·	· • · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	 _
					<u> </u>	
Adoress:		<u> </u>				
Secretary:	lie Maso	۸			F	03
• •						C .
				,	85 X	7
Treasurer: Address:			<u> </u>		77	P
Aduress:					AS AS	2
NOTE: If necessary,	you may attach an adden	dum to the applica	tion listing additi	onal officers a	nd/or directors.	-
13.	ile Ma	202				
	ture of Director or Office					
14. <u>D</u> 1		_ &	Presid			
	(Typed or printed name	and capacity of p	erson signing ap	oncation)		

... Secretary of State **Division of Business Services** 312 Eighth Avenue North 6th Floor, William R. Snodgrass Tower Nashville, Tennessee 37243

ISSUANCE DATE: 12/18/2003 REQUEST NUMBER: 03352170 TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 01/29/1987 STATUS: ACTIVE CORPORATE EXPIRATION DATE: PERPETUAL CONTROL NUMBER: 0183869 JURISDICTION: TENNESSEE

TO: RICHARD L. MASON 8114 ISABELLA LN BRENTWOOD, TN 37027 REQUESTED BY: RICHARD L. MASON 8114 ISABELLA LN BRENTWOOD, TN 37027

CERTIFICATE OF EXISTENCE

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT "MASON CORPORATION"

IS A CORPORATION DULY INCORPORATED UNDER THE LAW OF THIS STATE WITH DATE OF INCORPORATION AND DURATION AS GIVEN ABOVE; THAT ALL FEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE EXISTENCE OF THE CORPORATION HAVE BEEN PAID; THAT THE MOST RECENT CORPORATION ANNUAL REPORT REQUIRED HAS BEEN FILED WITH THIS OFFICE; AND THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED; AND THAT ARTICLES OF TERMINATION OF CORPORATE EXISTENCE HAVE NOT BEEN FILED

FOR: REQUEST FOR CERTIFICATE

BŘĒŃTWOŎĎ, TN 37027-0000

ASON CORPORATION (ISABELLA LANE) 1114 ISABELLA LANE WITE 108

ON DATE: 12/18/03

RECEIVED:

FEES \$20.00

\$0.00

TOTAL PAYMENT RECEIVED:

\$20.00

RECEIPT NUMBER: 00003396071 ACCOUNT NUMBER: 00030991

RILEY C. DARNELL SECRETARY OF STATE