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Account Number : 076666002273

: (904)398-3911

Phone Fax Number

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FOREIGN PROFIT QUALIFICATION

TimeSaver Food Stores Co.

| Certificate of Status | 0 |
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| Certified Copy | 0 |
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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.

| TimeSaver | | | _ |
|---|--|--|-------------------|
| | f corporation; must include "INCORPORAT! "Corp," "Inc," "Co," or "Corp.") | ED," "COMPANY," "CORPORATION," | |
| 1110., Co., | cosp, me, co, or cosp.) | | |
| Of name unave | tilable in Florida, enter alternate corporate na | me adopted for the purpose of transacting business in Florida) | - |
| | | | |
| Delaware (State or countr | y under the law of which it is incorporated) | 3. Applied For (FEI number, if applicable) | - |
| January 1, | 2004 | 5. Perpetual | |
| | te of incorporation) | (Duration: Year corp. will cease to exist or "perpetual") | - |
| Upon Quali | fication | | _ |
| | acted business in Florida. If corporation has | not transacted business in Florida, insert "upon qualification." | ָּל |
| | (SEE SECTIONS 607.1. | 501, 607.1502 and 817.155, F.S.) | |
| 2164 Reser | ve Park Trace, Port St. Lucie, Flori | da 34986 | |
| | (Principal office : | | _ |
| 2164 Pager | ve Park Trace, Port St. Lucie, Flori | da 34 0 86 | |
| 410 T 1108011 | (Current mailing | | - |
| | (0.01.011.11.11.11.10.10 | | |
| | | | |
| | Tanni matinisian | | |
| | legal activities | r country to be carried out in state of Florida) | - |
| (Purpose | (s) of corporation authorized in home state o | r country to be carried out in state of Florida) | • |
| (Purpose | (s) of corporation authorized in home state o | r country to be carried out in state of Florida) it: (P.O. Box or Mail Drop Box NOT acceptable) | 3 |
| (Purpose | (s) of corporation authorized in home state o | 2., | |
| (Purpose | (s) of corporation authorized in home state o | 2., | |
| (Purpose Name and <u>st</u> Name: | (s) of corporation authorized in home state or reet address of Florida registered agen Randall A. Jones | 2., | |
| (Purpose Name and st | (s) of corporation authorized in home state of reet address of Florida registered agen Randall A. Jones 2164 Reserve Park Trace | t: (P.O. Box or Mail Drop Box NOT acceptable) | |
| (Purpose Name and st | (s) of corporation authorized in home state of reet address of Florida registered agen Randall A. Jones 2164 Reserve Park Trace Port St. Lucie | t: (P.O. Box or Mail Drop Box NOT acceptable) | |
| (Purpose Name and <u>st</u> Name: | (s) of corporation authorized in home state of reet address of Florida registered agen Randall A. Jones 2164 Reserve Park Trace | t: (P.O. Box or Mail Drop Box NOT acceptable) | |
| (Purpose Name and st Name: ffice Address: | (s) of corporation authorized in home state of reet address of Florida registered agent Randall A. Jones 2164 Reserve Park Trace Port St. Lucie (City) | t: (P.O. Box or Mail Drop Box NOT acceptable) | |
| (Purpose Name and st Name: ffice Address: | (s) of corporation authorized in home state of reet address of Florida registered agent Randall A. Jones 2164 Reserve Park Trace Port St. Lucie (City) agent's acceptance: | t: (P.O. Box or Mail Drop Box NOT acceptable) | |
| (Purpose Name and st Name: ffice Address: A Registered: aving been natesignated in this | (s) of corporation authorized in home state of reet address of Florida registered agent Randall A. Jones 2164 Reserve Park Trace Port St. Lucie (City) agent's acceptance: med as registered agent and to accept se is application, I hereby accept the appoint | t: (P.O. Box or Mail Drop Box NOT acceptable) , Florida 34986 (Zip code) rvice of process for the above stated corporation at the nament as registered agent and agree to act in this capa | PACE STATE Place |
| (Purpose Name and st Name: ffice Address: A Registered : aving been naisignated in thirther agree to | (s) of corporation authorized in home state of reet address of Florida registered agent Randall A. Jones 2164 Reserve Park Trace Port St. Lucie (City) agent's acceptance: med as registered agent and to accept se is application, I hereby accept the appoint comply with the provisions of all statutes. | t: (P.O. Box or Mail Drop Box NOT acceptable) Florida 34986 (Zip code) Tryice of process for the above stated corporation at the nament as registered agent and agree to act in this capa as relative to the proper and complete performance of main the pe | PACE STATE Place |
| (Purpose Name and st Name: ffice Address: O. Registered: aving been naisignated in thirther agree to | (s) of corporation authorized in home state of reet address of Florida registered agent Randall A. Jones 2164 Reserve Park Trace Port St. Lucie (City) agent's acceptance: med as registered agent and to accept se is application, I hereby accept the appoint | t: (P.O. Box or Mail Drop Box NOT acceptable) Florida 34986 (Zip code) Tryice of process for the above stated corporation at the nament as registered agent and agree to act in this capa as relative to the proper and complete performance of main the pe | PACE STATE Place |
| (Purpose Name and st Name: office Address: O. Registered: laving been naiesignated in thirther agree to | (s) of corporation authorized in home state of reet address of Florida registered agent Randall A. Jones 2164 Reserve Park Trace Port St. Lucie (City) agent's acceptance: med as registered agent and to accept se is application, I hereby accept the appoint comply with the provisions of all statutes. | t: (P.O. Box or Mail Drop Box NOT acceptable) Florida 34986 (Zip code) Tryice of process for the above stated corporation at the nament as registered agent and agree to act in this capa as relative to the proper and complete performance of main the pe | PARTY STATE Place |
| (Purpose Name and st Name: ffice Address: O. Registered: aving been naisignated in thirther agree to | (s) of corporation authorized in home state of reet address of Florida registered agent Randall A. Jones 2164 Reserve Park Trace Port St. Lucie (City) agent's acceptance: med as registered agent and to accept se is application, I hereby accept the appoint comply with the provisions of all statutes. | t: (P.O. Box or Mail Drop Box NOT acceptable) Florida 34986 (Zip code) Tryice of process for the above stated corporation at the nament as registered agent and agree to act in this capa as relative to the proper and complete performance of main the pe | PARTY STATE Place |
| (Purpose Name and st Name: ffice Address: A Registered : aving been naisignated in thirther agree to | (s) of corporation authorized in home state of reet address of Florida registered agent Randall A. Jones 2164 Reserve Park Trace Port St. Lucie (City) agent's acceptance: med as registered agent and to accept se is application, I hereby accept the appoint comply with the provisions of all statutes. | t: (P.O. Box or Mail Drop Box NOT acceptable) Florida 34986 (Zip code) Tryice of process for the above stated corporation at the nament as registered agent and agree to act in this capa as relative to the proper and complete performance of main the pe | PARTY STATE Place |
| (Purpose Name and st Name: office Address: O. Registered: laving been naiesignated in thirther agree to | (s) of corporation authorized in home state of reet address of Florida registered agent Randall A. Jones 2164 Reserve Park Trace Port St. Lucie (City) agent's acceptance: med as registered agent and to accept se is application, I hereby accept the appoint comply with the provisions of all statutes. | t: (P.O. Box or Mail Drop Box NOT acceptable) , Florida 34986 (Zip code) revice of process for the above stated corporation at the nament as registered agent and agree to act in this capa as relative to the proper and complete performance of many position as registered agent. | PARTY STATE Place |

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

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| A, DIR | ECTORS | |
|------------|---|------------------|
| Chairma | n: | |
| Address: | | |
| Vice Cha | irman: | |
| Address: | | |
| Director: | Randail A. Jones | |
| Address: | 2164 Reserve Park Trace, Port St. Lucie, Florida 34986 | |
| Director: | | |
| Address: | | |
| B. OFF | TICERS | |
| President | Randall A. Jones | |
| Address: | 2164 Reserve Park Trace, Port St. Lucie, Florida 34986 | · |
| | | 75. |
| Vice Pre | sident: | 生 生 |
| Address: | | (၇) ယ |
| | | लाद क |
| Cocretors | Randall A. Jones | الله الله |
| | 2164 Reserve Park Trace, Port St. Lucie, Florida 34986 | 2 |
| Tresquee | Randall A. Jones | _ |
| | 2164 Reserve Park Trace, Port St. Lucie, Florida 34986 | : |
| , mari 403 | | |
| | If necessary, you may attach an addendum to the application listing additional officers are | nd/or directors. |
| 13 | (Signature of Director or Officer listed in number 12 of the application) | |
| 14. Ra | ndall A. Jones, President | |
| | (Typed or printed name and capacity of person signing application) | |
| | | |

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Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TIMESAVER FOOD STORES CO." 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 SEVENTH DAY OF JANUARY, A.D. 2004.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



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Warriet Smith Hindson Harriet Smith Windson, Secretary of State

AUTHENTICATION: 2855318

DATE: 01-07-04

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