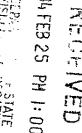
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(Re	questor's Name)			
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PICK-UP	☐ WAIT	MAIL		
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Certified Copies	Certificates_of Status			
Special Instructions to	Filing Officer:			
	<u>-</u>			

Office Use Only



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ACCOUNT NO. : 072100000032

REFERENCE

455274

COST LIMIT : \$ 78.75

ORDER DATE: February 23, 2004

ORDER TIME : 10:50 AM

ORDER NO. : 455274-025

CUSTOMER NO: 7380987

CUSTOMER: Doug Bates

Source Interlink Companies, Suite 400 27500 Riverview

Center Boulevard

Bonita Springs, FL 34134

#### FOREIGN FILINGS

NAME: VAIL COMPANIES, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea -- EXT# 2914

EXAMINER:

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION	TO TR	ANSA	CT
BUSINESS IN FLORIDA	یزن مر	<b>I</b>	~
•		2	

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED 19
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDATION TO
1. VAIL COMPANIES, INC.  (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"lnc.," "Co.," "Corp," "Inc," "Co," or "Corp.")
me., co., corp, me, co, or corp.
γ
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
11 -11 -00
2. DELAWARE 3. 11-3465089
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 12/09/1998 5. PERPETUAL
4. 12/09/1998 5. PERPETUAL (Duration: Year corp. will cease to exist or "perpetual")
(Date of meorpotation) (Datation, Teat corp. with course to exist or perpetually
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.)
7.27500 RIVERVIEW CENTER BLVD. BONITA SPRINGS, FL 34134
(Principal office address)
(1 And open deliver and dob)
27500 Riverview Center Blvd., Bonita Springs, FL 34134
(Current mailing address)
8. any and all lawful business
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
(1 suppose(s) of sorporation and relative states of sounds in some services of the states of the sta
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
Name: Corporation Service Company
Office Address: 1201 Hays Street
·
Tallahassee , Florida 32301
(City) (Zip code)
10. Desirate and a second among
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.
Comporation Servace Company
WWW & DIGULAR!
(Registered agent's signature)
<i>'</i>

<u>12</u> 15 -

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

A. DIRECTORS					
Chairman: See attached officers/directors rider	S	47 .	<u> </u>		· <u>I</u> :
Address:					. <u></u> .
				<u> </u>	صيف ه '
Vice Chairman:					
Address:					
Director:					
Address:					
Director:			<u> </u>		* - ±≌ ,
Address:	<u> </u>			<u></u>	_:=
					- , <del>e</del>
B. OFFICERS					
President: See attached officers/directors rider				<u> </u>	I with
Address:					
372 a Paral James					
Vice President:					
Address:					
Secretary:		<del></del>	<u></u>	<u></u>	٠, .
Address:		F			-c + '
Treasurer:				<del></del> ,	er e sed ar
Address:					. *=
NOTE: If necessary, you may attach an addendum to the app	plication listing add	litional offic	ers and/or direct	ors.	
13. Jable of Stranger Stranger	-112 of the small	lastian)		<del></del>	- , • - :
(Signature of Director or Officer listed in nur	moer 12 or the appri	ication)			
14. DUELAS J. BATES (Typed or printed name and capacity)	of person signing a	application)			

#### OFFICERS/DIRECTORS RIDER

Directors:

S. Leslie Flegel

27500 Riverview Center Blvd., Suite 400

Bonita Springs, Florida 34134

Officers:

President

Monte Weiner

27500 Riverview Center Blvd., Suite 400

Bonita Springs, Florida 34134

Vice President/Secretary

Marc Fierman

27500 Riverview Center Blvd., Suite 400

Bonita Springs, Florida 34134

Assistant Secretary

Douglas J. Bates

27500 Riverview Center Blvd., Suite 400

Bonita Springs, Florida 34134

## Delaware

### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "VAIL COMPANIES, 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-FOURTH DAY OF FEBRUARY, A.D. 2004.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VAIL COMPANIES, INC." WAS INCORPORATED ON THE NINTH DAY OF DECEMBER, A.D. 1998.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

Warriet Smith Windson
Harriet Smith Windson, Secretary of State

AUTHENTICATION: 2947679

DATE: 02-24-04

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