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PICK-UP WAIT MAIL	
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#### TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: DRY VALLEY ENTERPRISES, INC.  (Name of corporation - must include suffix)	
(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:	
Adrian C Fletcher	
(Name of Person)	
Dry VALLEY ENTERPRISES, INC.	
/ (Firm/Company)	
Adrian C Fle toher  (Name of Person)  Dry Vaccety Enterprises, INC.  (Firm/Company)  511 Hopkin, Landing  (Address)  Quincy  FL 3235/  (City/State and Zip code)	
(Address)	
(City/State and Fin and a)	
(City/State and Zip code)	
For further information concerning this matter, please call:	
Adrian C Fletchers (850) 980 2/2/ (Name of Person) (Area Code & Daytime Telephone Number)	, ZS
(Name of Person) (Area Code & Daytime Telephone Number)	LLA+ ECRE
<u>-</u>	
STREET ADDRESS: MAILING ADDRESS:	-4-Ki
Registration Section Registration Section  Division of Corporations Division of Corporations	STI STI
409 E. Gaines St. P.O. Box 6327	
Tallahassee, FL 32399 Tallahassee, FL 32314	
Enclosed is a check for the following amount:	
\$70.00 Filing Fee \$78.75 Filing Fee & \$78.75 Filing Fee & Certificate of Status Certified Copy 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.

"Iī	nter hane of the control of the cont	corporation; must Corp," "Inc," "Co,	include "INCORPOR " or "Corp.")	ATED,"	"COMPANY," "C	ORPORATION,"		-
(If	name unavai	lable in Florida, e	nter alternate corporat	e name a	dopted for the purpo	se of transacting but	siness in Florida)	-
2. <del></del>	Mar	PAT De	which it is incorporate	3. <sub>ad)</sub>	59 - 339 ;	997	(a)	-
•	-		•	ŕ	•		•	
4	3/29 (Dat	e of incorporation	n)	>.	(Duration: Year con	p. will cease to exis	t or "perpetual")	-
6	Upn	qualific	Date first transacted bu	siness in	Florida, if prior to re	egistration)		-
		(SEE S	ECTIONS 007.1301 0	اد1.700 ک	<i>32</i> , r.3., to determine	penany naomity)	7-44-5	
7	2300	Sherman	(Principal of	fice addr	ess)	city FC	32405	-
	2300	Sher m	Ave Lot (Principal of	Lot 1	7 Pana	ma City A	£ 32 405	•
			(Current mail	ling addr	ess)			•
R	An	lawful	purpose.					
·· _	(Purpose(	s) of corporation	purpsie. authorized in home sta	ate or cou	untry to be carried ou	t in state of Florida)	,	=
9. N	ame and stre	et address of Flo	orida registered agen	it: (P.O	. Box <u>NOT</u> accept	able)		
	Name:	Adria	n CFleta	le				
Offic	e Address:	2300	Sterman .	Are	Lot 17			
			City)			2 40 5 p code)	04 JUL .	TALLA
Havi desig furth	ng been nan nated in this er agree to c	s application, I comply with the	nce: d agent and to accep hereby accept the ap provisions of all sta pt the obligations of	ppointm ututes re	ent as registered a lative to the proper	gent and agree to r and complete per	ooration at His cana	olace

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.

(Registered agent's signature)

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

a. pirectors	
hairman:	
.ddress:	
lice Chairman:	
ddress:	
Pirector: Advian CFlatcher	
address: 2300 Sherman Ave Lot 17	
Angma City FL 32405	
Director:	
.ddress:	
resident: Advian CFletcher  Address: 2300 Sherman Are 4117  Canum Lty FL 32405  Fice President:	
.ddress:	- Z-C-
	- <u>227</u>
ecretary:	THE STATE OF THE S
.ddress:	10.5 12.5 12.5
reasurer:	
ddress:	
OTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.  Odri C XUL  (Signature of Director or Officer listed in number 12 of the application)  Adding CF letcher President of Director	
4. Adrian CF letcher President & Director  (Typed or printed name and capacity of person signing application)	<del></del> -

# Delaware

### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DRY VALLEY ENTERPRISES, 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 JUNE, A.D. 2004.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DRY VALLEY ENTERPRISES, INC." WAS INCORPORATED ON THE TWENTY-FOURTH DAY OF MARCH, A.D. 1993.

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.

arriet Smith Hindson

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 3203916

DATE: 06-29-04

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