

FO4 000000 4095

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

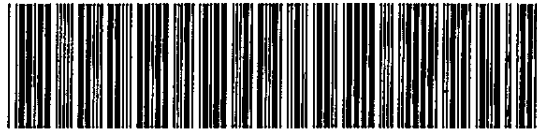
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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07/08/04--01018--019 **70.00

FO4-4095
[Handwritten notes and signatures]



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

July 12, 2004

DENISE SMITH
1582 US HIGHWAY 1 NORTH
YOUNGSVILLE, NC 27596

SUBJECT: MOVEABLE CUBICLE INC.
Ref. Number: W04000026429

We have received your document for MOVEABLE CUBICLE INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline
Document Specialist

Letter Number: 504A00044321

504A00044321
b.
6/15/04



June 30, 2004

CT Corporation System
1200 South Pine Island Road
Plantation FL 33324

To Whom It May Concern:

Please find enclosed forms for doing business in the state of Florida. They are requesting a signature from our registered agent. Would you please have the appropriate person sign and forward it for us in the enclosed self-addressed stamped envelope?

If you have any questions, please contact me at 919-453-5004.

Thank you for your help.

Sincerely,

A handwritten signature in cursive script that reads "Cheryl A. Rochester".

Cheryl A. Rochester

Enclosure

Handwritten notes in the bottom right corner, including the number "6" and some illegible text.

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Moveable Cubicle, 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:

Denise Smith
(Name of Person)
Moveable Cubicle Inc
(Firm/Company)
1582 US Hwy 1 North
(Address)
Youngsville, NC 27596
(City/State and Zip code)

For further information concerning this matter, please call:

Denise Smith at (919) 570-3400
(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

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FL
MAY 19 1999

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. Moveable Cubicle Inc.
(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)

2. Delaware 3. 39-2003618
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 08/2004 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. Upon qualification
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 2005 New Stone Castle Terrace #101 Winterpark FL 32792
(Principal office address)

1582 US Hwy 1 North Youngsville NC 27596
(Current mailing address)

8. Sales (sale, lease, + rental of storage containers)
(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 NOT acceptable)

Name: CT Corporation System
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(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.

PETER F. SOUZA
ASSISTANT SECRETARY
(Registered agent's signature)

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: Richard Whelan

Address: 12344 Canolder Street
Raleigh NC 27614

Vice Chairman: Sunday Whelan

Address: 12344 Canolder Street
Raleigh NC 27614

Director: William Zeller

Address: 325 N. Fallsview Lane
Wake Forest NC 27587

Director: _____

Address: _____

B. OFFICERS

President: _____

Address: _____

Vice President: _____

Address: _____

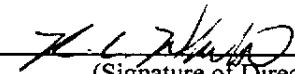
Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. 
(Signature of Director or Officer listed in number 12 of the application)

14. Richard Whelan, President
(Typed or printed name and capacity of person signing application)

Delaware

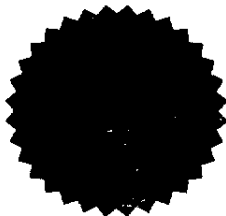
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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MOVEABLE CUBICLE, 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 EIGHTEENTH DAY OF JUNE, A.D. 2004.

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

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



Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State

3270950 8300

AUTHENTICATION: 3180053

040451144

DATE: 06-18-04