F05000000956

| Dennis Jinks (Requestor's Name) |
|---|
| 160-1 Blountstown Hwy (Address) |
| (Address) |
| Tallahasse Fl. (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| D.J. P. TAC (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer; |
| |
| |
| |

Office Use Only



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OS FEB 15 PH 2: 05 FEB 15 FM 1: 52

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 |
| "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") |
| Circle J. Inc. |
| (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) |
| 2. <u>Mississippi</u> 3. <u>64-0879578</u> |
| (State or country under the law of which it is incorporated) (FEI number, if applicable) |
| 4. June 20 1996 5. 99 4ears |
| (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual") |
| 6. FEBRUARU 1, 2005 |
| (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) |
| 7. 160-1 Blowntstown Hwy TAIIAHASSE FL 32304 (Principal office address) |
| 160-1 Blountstown Hwy TallahassEE FL 32304 (Current mailing address) |
| 8. PEST CONTROL |
| (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: DENNIS JINKS |
| Office Address: 160-1 Blowntstown Hwy |
| TAUAhassee Fl , Florida 32304 (City) (Zip code) |
| (Eng) (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.

(Begistered 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: __ Address: Vice Chairman: Address: _____ Director: _ Address: ____ Director: _ **B. OFFICERS** Jinks 32303 Vice President: Pot Ric Address: AIKEN Secretary: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Director or Officer listed in number 12 of the application)

(Typed or printed name and capacity of person signing application)

14.

State of Mississippi

Office of the Secretary of State Eric Clark, Secretary of State Jackson, Mississippi

OS FEB 15 PH 2:01

CERTIFICATE

I, ERIC CLARK, Secretary of State of the State of Mississippi, and as such, the legal custodian of the corporate records, required by the laws of Mississippi, to be filed in my office, do hereby certify:

That on June 20, 1996, the State of Mississippi issued a Charter/Certificate of Authority to:

D.J.P., INC.

That the state of incorporation is MISSISSIPPI.

That the period of duration is 99 years.

That according to the records of this office, Articles of Dissolution or a Certificate of Withdrawal have not been filed.

That according to the records of this office, a current Annual Report has been delivered to the Office of the Secretary of State.

I further certify that all fees, taxes and penalties owed to this state, as reflected in the records of the Secretary of State, have been paid and that the corporation is in existence or has authority to transact business in Mississippi.



Given under my hand and seal of office January 24, 2005

nic Clark

ERIC CLARK Secretary of State

Certification Number: 6903965-1 Page 1 of 1 Reference: Patricia Jinks - NHM Verify this certificate online at http://www.sos.state.ms.us/busserv/corp/verify