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## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: DEVIATE ENTERPRISES, 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:	
BARBARA E. BERRY	
(Name of Person)	-
DEVIATE ENTERPRISES, INC	
(Firm/Company)	, 4-
134 SW FAIRWAY AVENUE	
(Address)	<del></del>
PORT ST LUCIE, FL 34983	
(City/State and Zip code)	,
For further information concerning this matter, please call:	
BARBARA E. BERRY at (772) 873 0925	
(Name of Person) (Area Code & Daytime Telephone Number)	; <del>***</del> :
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:	Z
Enclosed is a cheek for the following amount.	
☐ \$70.00 Filing Fee	



### FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

February 9, 2005

BARBARA E. BERRY DEVIATE ENTERPRISES, INC. 134 SW FAIRWAY AVENUE PORT ST. LUCIE, FL 34983

SUBJECT: DEVIATE ENTERPRISES, INC.

Ref. Number: W05000006900

We have received your document for DEVIATE ENTERPRISES, INC. and your check(s) totaling \$78.75. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return 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) 245-6967.

Michelle Hodges Document Specialist

Letter Number: 405A00009266

## 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.	DEVINIE EIGIE	RENISES, INC.		<u>نے کے اور اور اور اور اور اور اور اور اور اور</u>		Can market
		rporation; must include "INCORPORATI rp," "Inc," "Co," or "Corp.")	ED,	," "COMPANY," "CORPORATION,"		
	7.1	1 i Yl id auto ferrota comonte no		e adopted for the purpose of transacting business in Florida)	**	, <b>v</b> ·
_	DELAWARE	ne in Fiorida, enter alternate corporate na		20-1885127		
(State or country under the law of which it is incorporated)				(FEI number, if applicable)	, ta =	. : ==.
<u>A</u>	NOVEMBER 9,2	2004	5	perpetual		
₹,		of incorporation)	-	(Duration: Year corp. will cease to exist or "perpetual")	•	
6.	none to date		,			
		<b>V</b> =		in Florida, if prior to registration) 1502, F.S., to determine penalty liability)		÷ -
7.	134 SW Fairway	Avenue, Port St Lucie, FL 34983		gar and a second and		4:-,
		(Principal office	add	dress)		
	134 SW Fairwa	y Avenue, Port St Lucie, FL 34983				<u> </u>
		(Current mailing	add		တ္တ	
8.	in order to condu	uct internet sales from home office	.*			-11
	(Purpose(s)	of corporation authorized in home state o	rc	country to be carried out in state of Florida)	و	5- 0-2224 gran <del>6-224</del>
9.	Name and street	address of Florida registered agent: (	P.C	O. Box NOT acceptable)	P	
	Name:	Barbara E. Berry	<u>.</u>		ö	
O	ffice Address:	134 SW Fairway Avenue			39	E
		Port St Lucie		, Florida 34983		
		(City)		(Zîp code)		

#### 10. Registered agent's acceptance:

DEVIATE ENTERDRICES INC

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.

(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. DIR	ECTORS			-	•		•	
Chairmar	r: Fredric Cole			12			 	-
Address:	134 SW Fairway Avenue						<del></del>	
	Port St Lucie, FL. 34983			·	· ·		<u> </u>	
Vice Cha	irman: fredric Cole	<u>-                                    </u>	<u></u>					
Address:		<u> </u>	و دوشت المحاصفي	<u> </u>		<u></u>	<u></u>	
Director:	Barbara E. Berry		egs, plants	4, , 5 '\$				
Address:	134 SW Fairway Avenue	<u> </u>	<u>-</u>		: :		·	
	Port St Lucie, FL. 34983	<u> </u>		·	<u>, 4"</u>		<u></u>	
Director:	Michael Nicholas							٠.
Address:	134 SW Fairway Avenue		<u>- <u>.</u></u>	<u> </u>	·			٠.
	Port St Lucie, FL 34983	<u> </u>		., .		<u> </u>		
B. OFF	ICERS							
President	Fredric Cole				·		- 	<u>.</u>
Address:	134 SW Fairway Avenue		<u> </u>	<u> </u>	. 1984	. <u> </u>	<u> </u>	
	Port St Lucie, FL 34983						5	
Vice Pres	ident: Fredric Cole		** <del>***</del>			<u> </u>	<u> </u>	_
Address:		<u>.</u>				<del></del>		
							<del></del> :	
Secretary:	Barbara E. Berry		<del>.</del>	<u></u>	·		<u> </u>	
Address:	134 SW Fairway Avenue Port St Lucie, FL 34983		LL	*·	<u> </u>	<u>:</u>		· ·
Treasurer:	Barbara E. Berry	- <del></del>	<u> </u>				. A.J.	
Address:	134 SW Fairway Avenue, Port St. Lucie, FL 34983	}	<u></u>					++
<b>NOTE:</b> 13.	If necessary, you may attach an addendum to the ap	4	· · · · · · · · · · · · · · · · · · ·			ctors.	. <u> </u>	-
14. <u>Bart</u>	para E. Berry, Secretary/Treasurer	·		<u> </u>			<u> </u>	
	(Typed or printed name and capacity	y of person :	signing appli	cation)				



PAGE 1

## The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DEVIATE 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-FOURTH DAY OF FEBRUARY, A.D. 2005.



Varriet Smith Windson, Secretary of State

AUTHENTICATION: 3702446

DATE: 02-24-05

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