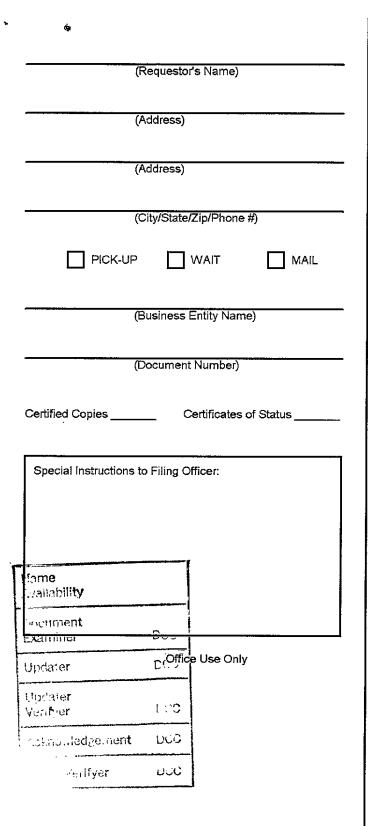
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## TRANSMITTAL LETTER

TO:	Registration Se Division of Co	prporations						
SUBJ	ECT:	Ohlson	Lavo	ie Die	Corpo	ratio	on .	
502.		(Name	of corporation	on - mus	t include suffix	<b>κ</b> )		
Dear S	Sir or Madam:							
"Certi	iclosed "Applica ficate of Existen of business in Flo	ntion by Foreign Cor ce," and check are s prida.	rporation for ubmitted to	Authori register t	zation to Trans he above refer	sact Busines enced foreig	s in Florida ın corporat	a," ion to
Please	return all corres	pondence concernir	ng this matte Inda	11	ollowing: FFert			
			(Name o					
		Ohlson			Corpo	ratio	on .	
			(Firm/Co	ompany)				
		1515 Wa	ce e	1 6	Ste 40	<b>)</b> ()		
		Denve	(Add	lress)	80203	·	SECRI	
			(City/State	and Zip	code)			
For fur	rther information  100 Hof  (Name of Pers		at <u>303</u>	5,2	<u> 14–92</u> Daytime Telep	44 Nohone Numb	RY OF STATE SEE, FLORES	
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				
Enclos	ed is a check for	the following amo	unt:					
\$70	0.00 Filing Fee	\$78.75 Filing Certificate o	Fee & C		Filing Fee & ied Copy	Cer	50 Filing F tificate of S tified Copy	Status &

#### 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. (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) under the law of which it is incorporated) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (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: Office Address: 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.

- 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** U Vice President: 80228 Address: 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)

## OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

### CERTIFICATE

I, Donetta Davidson, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

OHLSON LAVOIE CORPORATION

### is a Corporation

formed or registered on 06/07/1974 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 19871273554

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 05/31/2005 that have been posted, and by documents delivered tortiffs office electronically through 06/07/2005 @ 10:43:49 .

I have affixed hereto the Great Seal of the State of Colorado and duly generates? Executed, authenticated, issued, delivered and communicated this official certificate at Denver, Colorado on 06/07/2005 @ 10:43:49 pursuant to and in accordance with applicable law. This certificate is assigned Confirmation Number 6233595.



Center and select "Frequently Asked Questions.

Secretary of State of the State of Colorado

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Certificate Confirmation Page of the Secretary of State's Web site, http://www.sos.state.co.us/biz/CertificateSearchCriteria.do entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http://www.sos.state.co.us/click Business