

FD5000007214

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

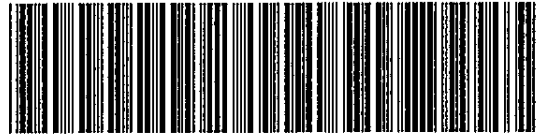
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FD5-214
OK

EUROSHINE USA, INC.

~ TEAK TROPICAL DIVISION ~

13359 Chambord Street

BROOKSVILLE, FL 34613

Phone (352) 596 4555 Fax (352) 596 5299

Sharon@euroshine.com

December 12, 2005

Tammi Cline
Florida Department of State
Division of Corporations
2661 Executive Center Circle
Clifton Building
Tallahassee, FL 32301

Dear Ms. Cline:

Enclosed find the certified copy of "Good Standing" from the State of Delaware. Please e-mail or fax to us the authorization number to conduct business in the State of Florida. Thank you for your assistance in this matter. Should you have any questions, please contact the undersigned directly.

Very truly yours,



Sharon DeVito
Office Manager

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TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

November 21, 2005

INGO VAN STYN
13359 CHAMBORD STREET
BROOKSVILLE, FL 34613

SUBJECT: TEAK TROPICAL, INC.
Ref. Number: W05000051889

We have received your document for TEAK TROPICAL, INC. and your check totaling \$70.00. 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 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: 205A00068530

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Teak Tropical, 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:

Ingo Van Styn
(Name of Person)
Teak Tropical, Inc.
(Firm/Company)
13359 Chamberd St.
(Address)
Brooksville, FL 34613
(City/State and Zip code)

For further information concerning this matter, please call:

Ingo Van Styn at (352) 596-4555
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

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TALLAHASSEE, FLORIDA

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**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. Teak Tropical 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. 51-0550958
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 08-22-03 5. Perpetual
(Date of incorporation) (Duration) Year corp. will cease to exist or "perpetual")

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

7. 13359 Chambord St., Brooksville, FL 34613
(Principal office address)

Same
(Current mailing address)

8. Sale of Teak Furniture
(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 Ingo Van Styn

Office Address: 13359 Chambord St.

Brooksville Florida 34613
(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.



(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:

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TALLAHASSEE, FLORIDA

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A. DIRECTORS

Chairman _____

Address: _____

Vice Chairman: _____

Address: _____

Director _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Ingo Van Styn

Address: 13359 Chambard St.

Brooksville, FL 34613

Vice President: Heather Van Styn

Address: 13359 Chambard St.

Brooksville, FL 34613

Secretary _____

Address: _____

Treasurer: _____

Address: _____

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TALLAHASSEE, FLORIDA

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 Ingo Van Styn, President _____

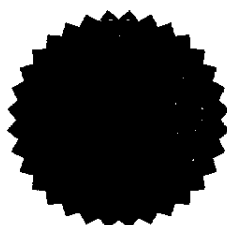
(Typed or printed name and capacity of person signing application)

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TEAK TROPICAL 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 SIXTH DAY OF DECEMBER, A.D. 2005.



3695735 8300

050956915

Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 4344938

DATE: 12-06-05