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(Re	questor's Name)				
(Ad	dress)				
(Ad	dress)				
(Cit	y/State/Zip/Phone	e #)			
PICK-UP	. WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to I	Filing Officer:				
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Office Use Only



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COVER LETTER MAY ED
TO: New Filing Section Division of Corporations COVER LETTER TO: New Filing Section Division of Corporations
SUBJECT: Sharp Var dercook, Juc. (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: Sharp - Sharp Andercook Inc.
(Name of Person) 5954 Fishbauk Crossing Blud
(Firm/Company)
L. Kic F1 33547
(City/State and Zip code)
For further information concerning this matter, please call:
Bill Sharp at (813), 425-2341
(Name of Person) (Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle MAILING ADDRESS: New Filing Section Division of Corporations Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Tallahassee, FL 32301
Enclosed is a check for the following amount:
\$70.00 Filing Fee \$78.75 Filing Fee & \$78.75 Filing Fee & \$87.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

Enter name of "Inc.," "Co.," "C	corporation; must include "INCORPORATION TO TRANS." Corp., "Inc.," "Co," or "Corp.")	Licorporal ATED," "COMPANY	(," "CORPORATIO	N,"	orida)
2. Ward					
(State or country	under the law of which it is incorporated	d)	(FEI number, if app	Λ	
4. 11	e of incorporation)	5	ear corp. will cease to		
•	k /	(Duration: 1	ear corp. will cease u	exist or perpett	iai)
6	(Date first transacted bus	iness in Florida, if pri	or to registration)	•	
	(SEE SECTIONS 607.1501 &		$\sim i \dot{\alpha}$	ity)	
7. <u>595</u>	54 Fishhowh	CLOCK OF	Blrg		
	(Principal offi	3 754 7			
•••	(Current mailin				
8		th sad u			contesi
9. Name and stre	eet address of Florida registered agent	:: (P.O. Box <u>NOT</u> a	acceptable)	SECRET	
Name:	BU SL	·		MAY VETA	
	Caci Fall	1 (Plud	-1 SSE	(1 ¹⁰⁰ -17 ¹⁰ 4)
Office Address:	5954 Fishlon	JL COSSION	73547		9 6 6 17************************************
	Colhia FI	, Florida	3547	9. 17. 17. 17.	
	(City)		(Zip code)	0A	``
Having been nan designated in thi further agree to	ngent's acceptance: ned as registered agent and to accept is application, I hereby accept the application and the provisions of all state ir with and accept the obligations of the second seco	pointment as registe tutes relative to the	ered agent ànd agr proper and comple	ee to act in this	capacity. I
_	1 htm				
	(Registered agent's sign	nature)			•

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: ___ Address: Address: ___ **B. OFFICERS** Address: __ Vice President: Address: ____ Secretary: _ Address: ___ Address: ___ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

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

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

13.

Secretary of State Division of Business Services 312 Eighth Avenue North 6th Floor, William R. Snodgrass Tower Nashville, Tennessee 37243

ISSUANCE DATE: 05/01/2007 REQUEST NUMBER: 07121505 TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 10/19/1987 STATUS: ACTIVE CORPORATE EXPIRATION DATE: PERPETUAL CONTROL NUMBER: 0195595 JURISDICTION: TENNESSEE

TO: BILL SHARP 5954 FISHHAWK CROSSING BLVD LITHIA, FL 33547

REQUESTED BY: **BILL SHARP** 5954 FISHHAWK CROSSING BLVD LITHIA, FL 33547

CERTIFICATE OF EXISTENCE

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT "SHARPVANDERCOOK, INC."

IS A CORPORATION DULY INCORPORATED UNDER THE LAW OF THIS STATE WITH DATE OF IS A CORPORATION DULY INCORPORATED UNDER THE LAW OF THIS STATE WITH DATE INCORPORATION AND DURATION AS GIVEN ABOVE; THAT ALL FEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE EXISTENCE OF THE CORPORATION HAVE BEEN PAID; THAT THE MOST RECENT CORPORATION ANNUAL REPORT REQUIRED HAS BEEN FILED WITH THIS OFFICE; AND THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED; AND THAT ARTICLES OF TERMINATION OF CORPORATE EXISTENCE HAVE NOT BEEN FILED

FOR: REQUEST FOR CERTIFICATE .

SHARPVANDERCOOK, INC.

NASHVILLE, TN 37203-0000

3200 WEST END AVE

ON DATE: 05/01/07

FEES

RECEIVED:

\$20.00

\$0.00

TOTAL PAYMENT RECEIVED:

\$20.00

RECEIPT NUMBER: 00004169246 ACCOUNT NUMBER: 00563852



FROM:

STE 500

RILEY C. DARNELL SECRETARY OF STATE