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J. Shivers APR 18 2012

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	CE WITH SECTION 607 OREIGN CORPORATION					
	,				•	
(Enter name of "Inc.," "Co.," "	Corp," "Inc," "Co," or "Corp	INCORPORATED," p.")	"COMPANY," "CORE	PORATION,"		
# E//	lev 1/4w/c	of Fine				
(If name unava	ilable in Florida, enter alteri	nafe corporate name a	dopted for the purpose of	f transacting busines	ss in Florida)	
(State or country	y under the law of which it	is incorporated)	(FEI num	ber, if applicable)		
4 4	1/4/2007 te of incorporation).	5	(Duration: Year corp. w	ual_	122	
(Dai	ie ovincorporation).		(Duration: Year corp. w	The cease to exist of	perpetual)	
	(SEE SECTIONS	S 607.1501 & 607.150	Florida, if prior to registr 2, F.S., to determine pen	alty liability)		
§ 7.	14225	LAURA LO	ea Circle, ess) Lircle, ess)	Silver 1.	<u> [[]] [] 3</u> 0	p574
	1422-	Principal office addre	(SS)	1/10	h'!! A!	
		Current mailing addre	ess)	OHOE	71.71 7.27	3457
8	Commer 11	Al Thr.	moine lun	losding		
(Purpose((s) of corporation authorized	I in home state or cou	ntry to be earried out in s	state of Florida		
9. Name and stre	eet address of Florida regi		_)	OIZ APR	
Office/Address:	MA:110r /	Thomas P	arkway		RI7	TOTAL COMPANY
	Quincy (Ci		, Florida <u>. 725</u> (Zip cod	3.5 / (da)	## ## ## 9: 9	O C
20.5	`	·y <i>)</i>	(Zip co	ue)	원 : : 한 : : : : : : : : : : : : : : : : : : :	
Having been nan	igent's acceptance: ned as registered agent a	nd to accept service	of process for the abo	ove stated corpora	tion at the plac	e_
	s application, I hereby accomply with the provision					
	r with and accept the obl					
	Maria	men				

Ill. 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.

(Registered agent's signature

12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: __ Vice Chairman: Address: __ Director: Address: _____ Director: **B. OFFICERS** President: Richard D. CALLAWA Vice President: Secretary: Ellew (All All AV Address: 14225 LAURA Les Circle, Silver Nill, Al. 36576 Address: _____ **NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Richard

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

Beth Chapman Secretary of State

P. O. Box 5616 Montgomery, AL 36103-5616

STATE OF ALABAMA

I, Beth Chapman, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that Callaway Trawler, Inc. was formed in Baldwin County, Alabama on April 16, 2007. The Alabama Entity Identification number for this entity is 252-234. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.



20120403000005914

In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

4/3/2012

Date

Beth Chapman

Secretary of State