

Corporate Records Bureau Division of Corporations PO Box 6327 Tallahassee, FL 32314

4 UCMMO 1 SSS 1 SA -01/25/95 --01044 --010 *****70.00 | *****70.00

RE: Tropical Timber Imports Inc. 9410182444346

Dear Sir or Madam:

Enclosed please find:

- -Application for Authority
- -Certificate of Good Standing
- -payment of \$70.00

Please file and return a related correspondence to my attention at the address list above.

Please feel free to contact me directly at 1-302-575-0440, with questions regarding the enclosed application.

Sincerely,

Susan P. Rosenthal

Corporate Service Representative

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enc.

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. The function of the interest of the interest of the interest of the important or partnership if not so contains. 1. The function of the interest of the i	AGYL IMAILIC INC. COM Include the word INCORPORATED, COM language as will clearly indicate that it is a need in the name at present.)	PANY*,*CORPOR corporation inst	RATION* or words or ead of a natural person
	vof which it is incorporated) 3. appl. (FEI no		
4. Oly /	5. perpetual (Duration: Year cor	p. will cease to e	exist or "perpetual")
	1161		மு 💆 .
(Date first transacted busines:	upon qualification s in Florida. (See sections 607.1501, 607.1	502, and 817.15	5. F.S.)
7. Po Box 74	لــــــــــــــــــــــــــــــــــــ		20 0E
f a D :	24FC/1		्र ः वर्षः
(12951 AC 140	May Fig. 3469/1 Current mailing address)		프 있음
8. I MARY / EXPERT	authorized in home state or country to be	carried out in the	state of Florida)
	ress of Florida registered agent:		
Name: _	Larry Wolfe		
Office Address: _	200 A John Knox Rd.		
_	Tallahassec	. Florida .	32303-6643
_			(Zip Code)
corporation at the place or registered agent and agree of all statutes relative to to	acceptance: gistered agent and to accept servic designated in this application, I he e to act in this capacity. I further ag he proper and complete performant tions of my position as registered a	ereby accept gree to compl ce of my duti	the appointment as y with the provisions
	See Attached		
	(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.

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICLE FOR THE SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON PROCESS MAY BE SERVED.

In compliance with Section 607.1507, Florida Statutes, the following is submitted:

First, this ______Tropleal Timber Imports Inc.

desiring to organize under the laws of the state of Florida with its principal place of business located in the city of _______, State of Florida, has named Larry Wolfe located at 200 - A John Knox Road, Tallahassee FL 32303-6643 as its agent for service of process within Florida.

Having been named to accept service of process for the above stated corporation, at the place designated in this Certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.

Larry Wolfe

January 12, 1995

Date

12. Names and addresses of officers and/or directors:

A.	DIRECTORS	
	Chairman:	David Muller
		2500 Winding Creek Blvd.
		Clearwater, FL 34621
	Vice Chairr	man:
	Address: _	
	_	S SKI
	Director: _	25 of the contract of the cont
	Address: _	
	_	サル ではり では つい シード・ファイン ・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・
	Director:	5
	Address: _	
	-	
В.	OFFICERS	
	President:	DAVID & MULLIN
	Address: _	2599 Winding Creek Blvd.
	_	Clearwater, FL 34621
	Vice Presid	dent:
	Address: _	
	Secretary:	David Muller
	Address:	2500 Winding Creek Blvd.
		Clearwater, FL 34621
	Treasurer	·
	Address:	
		may attach an addendum to the application listing additional officers
יטי 6	or directors/	.(
13.		(F. 1) - 12 - (the seell section)
(Signatufe of Cháirman, Vid	e Chairman, or any officer listed in number 12 of the application)
14.	DAVIU S M	and capacity of person signing application)
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State of Delaware Office of the Secretary of State

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Edward J. Freel, Secretary of State

AUTHENTICATION:

DATE: