F95000000791

TRANSMITTAL LETTER

TO: QUALIFICATION/TAX LIEN SECTION DIVISION OF CORPORATIONS

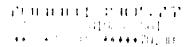
COURIER ADDRESS:

Qualification/Tax Lien Sec.

Division of Corporations

Tallahassee, FL 32399

409 E. Gaines St.



SUBJECT:	Hickory Run, 1	nc.			
	(Name o	f corporation - must inc	lude suffix)		
Doar Sir or Ma	dam:				
Florida", "Cort	ificate of Exist	y Foreign Corporat ence", and check business in Florida	are submitted to	eation to Transact o register the abov	Business in e referenced
Please return a	ll correspondent	e concerning this r	natter to the fol	lowing:	
	W.H.	Miller			
	(1	Name of Person)	···	· WYS Y	
	Hicl	cory Run, Inc.			
	(F	irm/Company)	 -		
	P.O.	Box 1021 (Address)			
		ka, Florida 321	93		
	(City, S	tate and Zip Code)			
ENCLOSED IS DESIGNATION	A CHECK FOR \$7	0.00 TO COVER THI	e filing fee an	ID THE REGISTERED	ABRITE S
		ne concerning this	matter, please o	all:	83.5 50.5 50.5 50.5 50.5 50.5 50.5 50.5 5
W.H. Mille	r	at (904	_'	002	9
(Nam	e of Person)	Area Code	a & Daytime Teleph	one Number	B 199
				<4	÷ 053
				C 1110	ယ 🦠

MAILING ADDRESS:

P. O. Box 6327

Qualification/Tax Lien Sec.

Division of Corporations

Tallahassee, FL 32314



January 27, 1995

HICKORY RUN, INC. % W.H. MILLER P.O. BOX 1021 WELAKA, FL 32193

SUBJECT: HICKORY RUN, INC. Ref. Number: W95000001952

We have received your document for HICKORY RUN, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the street address of each officer/director. If the officer/director does not have a street address, list the mailing address and write (N/A).

A photocopy of the certificate of existence 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 (904) 487-6094.

Steven Harris Corporate Specialist

Letter Number: 695A00003537

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:

		3.	56-1250418 (FEI number, if applicable	
(State or country under the I	aw of which it is incorp	orated)	(FEI number, if applicable	0)
4. 1979 (Date of Incorporation	5. <u>_</u>	perpet	un1	
	1)	(Duration:	Year corp. will cease to exi	st or "perpetual")
6. 1/17/95 (Date first transacted busine	see in Florida (See early	n= 007 1E01 00	7 1501 and 017 155 E.C.)	
		·		
7. P.O. Box 1021				
Welnka, Florida	n 32193			
	(Current mailing addre	ss)		
O				=
8. <u>own and operate Mar</u> (Purpose(s) of corporation	na, KV Park and	Lodge, and	d Mobile home park by to be carried out in the s	tate of Floridal
			-,	* ***
9. Name and street ad	dress of Florida re	egistered	agent:	
		egistered	agent:	
	W.H. Miller	egistered	agent:	
Name:	W.H. Miller	-	agent:	送 (2) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4
Name:	W.H. Miller 1533 Rd #309 Georgetown			日
Name:	W.H. Miller 1533 Rd #309 Georgetown		agent: 	日

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.

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)

12.	Names and addresso	es of officers and/or directors:	
A.	DIRECTORS	NO DIRECTORS, SHAREHOLDERS ONLY.	
	Sole Stockhol CHOXXXXXX	der W.H. Miller	
	Address:	P.O. Box 1021 /8 50076 57	_
		Welnka, Florida 32193	_
	Vice Chai	rman:	_
	Address:		•
			-
			-
	Address:		-
	Director:		-
	_		_
	, 4010001,		•
В.	OFFICERS		•
	President:	W.H. Miller	-
	Address:	P.O. Box 1021 /18 Scotts St.	_
		Welaka, Florida 32193	_
	Vice Pres	ident: _ n/n	- 29 DN
	. Address:		
			- 5 35 m
	Secretary	Teresa Miller	- T
	Address:	P.O. Box 1021 //8 Scotts St	ere jaren ere
		Welaka, Florida 32193	<u>မ</u> ့်ချ
	Treasure	: Teresa Miller	- W
	Address:		_
		Welaka, Florida 32193	
	E: If necessary, you or directors.	may attach an addendum to the application lis	ting additional officers
12	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<i>;</i>	
13.	Signature of Chairmán, Vic	e Chairman, or any officer listed in number 12 of the appl	ication)
14.	W.H. Miller, Pr	esident	
	(Typed or printed name	and capacity of person signing application)	-

STATE OF NORTH CAROLINA

Department of The Secretary of State

CERTIFICATE OF EXISTENCE

I, RUFUS L. EDMISTEN, Secretary of State of the State of North Carolina, do hereby certify that

HICKORY RUN, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 23rd day of August, 1979, with its period of duration being perpetual.

I FURTHER certify that the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 20th day of December, 1994.

Refus 1. Elmiten

Secretary of State

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15 Missing. Di// be filmed

When Received.

CORPORATE DETAIL RECORD SCREEN 11:12 AM 3/16/95 NUM: F95000000791 ST:NC ACTIVE/FOREIGN PROF FLD: 02/16/1995 FEI#: 56-1250418

NAME : HICKORY RUN, INC. PRINCIPAL: P.O. BOX 1021 ADDRESS WELAKA, FL 32193
RA NAME : MILLER, W R
RA ADDP : 1533 RD., #309

GEORGETOWN, FL 32139 US

ANN REP : . NONE FILED .

1, MENU, 3. OFFICERS

ENTER SELECTION AND CR:

F95000000791

TRANSMITTAL LETTER

TO: QUALIFICATION/TAX LIEN SECTION DIMSION OF CORPORATIONS

SUBJECT: My Nory Run, Inc.

Dear Sir or Madan	n:					
The enclosed "Ap Florida", "Certific foreign corporation	ate of Existence	e", and check	: are submitt	thorization ted to regis	to Transac ter the abo	t Business In ve referenced
Please return all co	orrespondence co	oncerning this	matter to th	e following) :	
	W.H. Mi	11er				
	(Name	of Person)		- •••••	PI - : - : Y	52)*
	Hickory	Run, Inc.		-		
		Company)		_		•
	P.O. Box	x 1021 dress)				
	Welaka.	Florida 321	93			
		and Zip Code)				
ENCLOSED IS A C DESIGNATION FEE Should you need to					REGISTERE	EBATARA D
W.H. Miller		at (904) 467 -	2002		9 35 T
(Name of	Person)	' '	le & Daytime T	elephone Nur	inber 570	PH 1:30

(Name of corporation - must include suffix)

COURIER ADDRESS:

Qualification/Tax Lien Sec. Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 MAILING ADDRESS:

Qualification/Tax Lien Sec. Division of Corporations P. O. Box 6327 Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

January 27, 1995

HICKORY RUN, INC. % W.H. MILLER P.O. BOX 1021 WELAKA, FL 32193

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Z	North Carolina ate or country under the law of wh		3	56-125	0418		
(St	ate or country under the law of wh	ich it is incorp	orated)	(FEI numbe	er, if applical	ble)	
4	1979	5	perpet	แก่ไ			
	1979 (Date of Incorporation)		(Duration:	Year corp. wi	ll coase to o	xist or "perp	otual")
6 .	1/17/95						
(D	1/17/95 ate first transacted business in Flor	rida. (See sectio	ne 007.1501, 00	7.1502, and 817.	155 F.S.)		
7.	P.O. Box 1021						
_	Welaka, Florida 3219	3					
	(Current	mailing addre	:55)	·· · · · · · · · · · · · · · · · · · ·			
}. <u>_o</u>	wn and operate Marina, RV (Purpose(s) of corporation authoriz	Park and zed in home s	Lodge, and	Mobile h	ome park d out in the	state of Flo	ridak,
		of Florida r	!	agent:			୍ୟ ଓଡ଼ିକ କ୍ୟୁମ
l. 1	Name and street address o		emytaran :				
. I	Name and street address o		មម្លានចោម រ				ر. س
. 1	Name and street address o Name:		egisterea (_		्रा ह्या ह्या
). (Name: W.H. Office Address: 1533	Miller			<u>.</u>		6 Ft 1:30

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 addresses of officers and/or directors: NO DIRECTORS, SHAREHOLDERS ONLY. **DIRECTORS** A. Sole Stockholder W.H. Miller THURWICHTS _ Address: P.O. Box 1021 5 . 70 ST Welnka, Florida 32193 Vice Chairman: _____ Address: _____ Director: Address: ____ В. **OFFICERS** President: W.II. Miller 18 Scotts St. Address: P.O. Box 1021 Welaka, Florida 32193 Vice President: _n/a Address: Secretary: Teresa Miller Address: P.O. Box 1021 18 Scotts St Welaka, Florida 32193 Treasurer: Teresa Miller Address: _P.O. Box 1021 18 Scotts St. Welaka, orida 32193 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

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

W.H. Miller, President

14.

STATE OF NORTH CAROLINA

Department of The Secretary of State

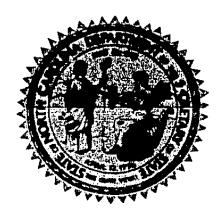
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Refus 1. Edmiten

Secretary of State