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TRANSMITTAL LETTER

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	THE COUNTY OF THE PARTY OF THE	
TO: QUALIFICATION/TAX LIEN SECT DIVISION OF CORPORATIONS	ИОГ	
SUBJECT: (Name of corporation	n - must include suffix)	**************************************
Dear Sir or Madam:		
The enclosed "Application by Foreign Florida", "Certificate of Existence", an foreign corporation to transact business	Corporation for Authoriza d check are submitted to in Florida.	ition to Transact Business in register the above referenced
Please return all correspondence concern D. Soft (Name of Pers Scott Wo (Firm/Compan 13-10 W 53 ro (Address) (Address) (City, State and Zip (Should you need to call someone concerni D. Scott Wolfer at ((Name of Person)	- Woll'e sign) lle Tire. ly! Street #21 Beech FC 3340	7 W75-3324 :
COURIER ADDRESS: Qualification/Tax Lien Sec. Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399	MAILING ADDRESS: Qualificatic 1/Tax Lien Division of Corporation P. O. Box 6327 Tallahassee, FL 3231	ns ve Har

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 1 11

1.	(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.
	/ posterior
2.	State or county under the law of which it is incorporated) (FEI number, if applicable)
	(FEI number, if applicable)
4.	(FEI number, if applicable) (Date of Incorporation) (Duration: Year corp. viii cease to exist or "perpetual")
	(Duration: Year corp. will cease to exist or margarial)
6.	215
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 417.155, F.S.)
7.	<u>// / / / / / / / / / / / / / / / / /</u>
	Current will be a series of the series of th
	(Current mailing address)
8	(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
	Name and street address of Florida registered agent:
	Name: D South-welle
	Office Address: 13:10 W 53" 51. # 24
	Wrist Paly Beach, Florida, 33-107
10.	Registered agent's acceptance:
	angreran adairt a sccebtsuce:

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: A. **DIRECTORS** Chairman: Address: Vice Chairman: Address: Director: Address: Director: Address: В. **OFFICERS** Address: _/400 Vice President: 🔀 🗲 Address: _ Secretary: Dr Sco A Address: ____ Treasurer: D. Sent Address: _____ NOTE: If necessary, you may attach an addendum to the application listing additional officers (Signature of Chairman, Vice Chairman, or any cfficer listed in number 12 of the application)

President

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

STATE OF MARYLAND

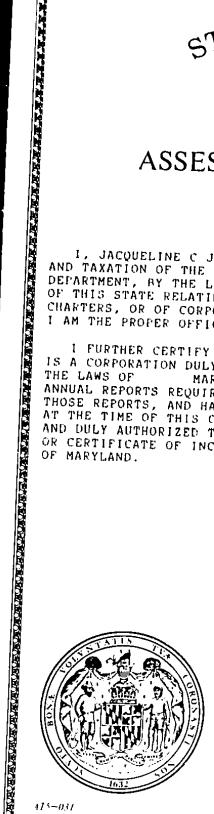
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DEPARTMENT OF ASSESSMENTS AND TAXATION

301 West Preston Street Baltimore, Maryland 21201

I, JACQUELINE C JAMES OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT SAID DEPARTMENT, BY THE LAWS OF SAID STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATE CHARTERS, OR OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE; AND I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT SCOTT WOLFE, INC. IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF MARYLAND AND SAID CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHAPTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN THE STATE



IN WITNESS WHEREOF, I HAVE HEREUNTO SET MY HAND AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE THIS FEERUARY, 1995.

> JACONELINE C JAMPS COFFICE SUPERVISOR