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 TO: DIV. 9
 DEPARTMENT OF STATE
 STATE OF FLORIDA
 409 EAST GAINES STREET
 TALLAHASSEE, FL 32399
 FAX: (904) 922-4000

F9500000867

CONTACT: RAY STORMONT
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((H95000001979))
 NAME: MEDLEY REFRIGERATION CENTRAL FLORIDA CORP.
 FAX AUDIT NUMBER: H95000001979
 DATE REQUESTED: 02/17/1995
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 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
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W95-3761

6700 N. ANDREWS AVE. # 407
FT. LAUD., FL 33309
(305) 776-2055 / FBN. 3463475

11

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACTION BUSINESS IN THE
STATE OF FLORIDA:

MEDLEY REFRIGERATION CENTRAL Florida Corp.

~~Medley Refrigeration Central Florida Corp~~

(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 of present.)

2. Delaware 3. N/A
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 12/22/74 5. Perpetual Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 2-17-95
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 617.106, F.S.)

7. 10910 NW South River Drive
Miami, FL 33178
(Current mailing address)

8. Distribution / SERVICE REFRIGERATION
Distribution / Service Refrigeration
(Purpose(s) of Corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent:
Name: Robert Press ROBERT PRESS
Office Address: 10910 NW South River Drive
Miami Florida, 33178
(Zip Code)

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.

X Robert Press
(Registered agent's signature)

*1 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

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

A. DIRECTORS

Chairman: Robert Press
Robert Press

Address: 5935 NW 99th Way
Parkland, FL 33076

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Robert Press

Address: 5935 NW 99th Way
Parkland, FL 33076

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to this application listing additional officers and/or directors.

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

14. Robert Press - President
(Typed or printed name and capacity of person listed in application)

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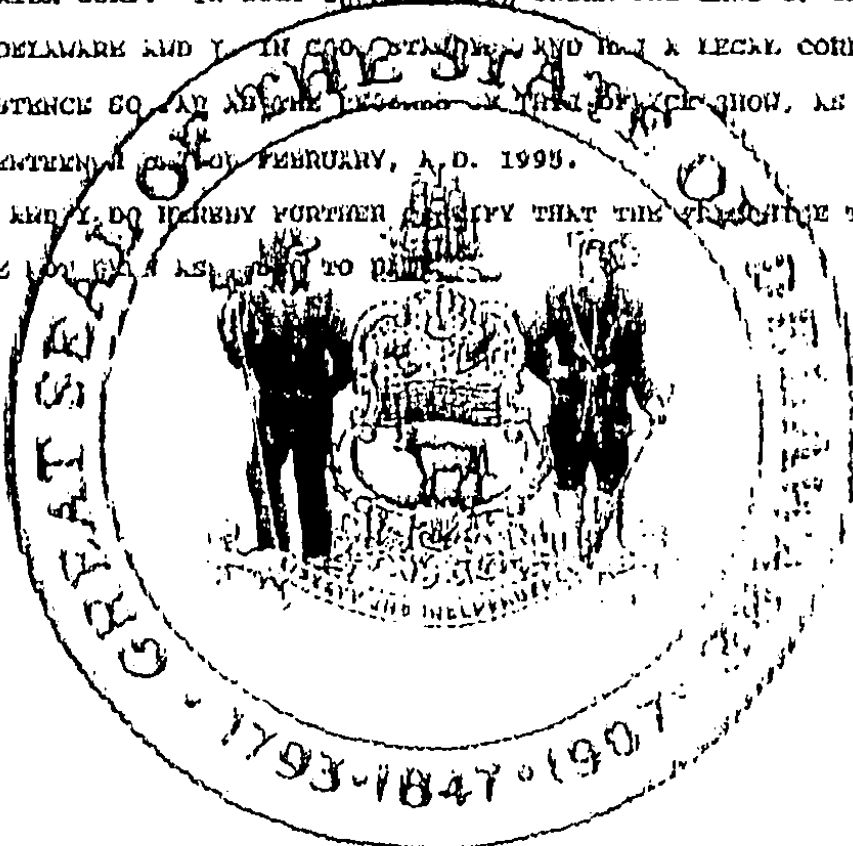
State of Delaware

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Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MEDLEY REFRIGERATION CENTRAL FLORIDA CORP." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS KEPT BY ME SHOW, AS OF THE SEVENTEENTH DAY OF FEBRUARY, A. D. 1995.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES DUE HAVE BEEN PAID AS REQUIRED TO DATE.



E. J. Freel

Edward J. Freel, Secretary of State

2865648 6300

950037551

AUTHENTICATION:

7413984

DATE:

02-17-95

John Paul