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TRANSMITTAL LETTER

TO:	QUALIFICATION/TAX LIEN SECTION DIVISION OF CORPORATIONS
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SUBJECT: Baller and lateriales line.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

(Name of Person)

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(Firm/Company)

(Address)

Leto beach + 1a 32963

(City, State and Zip Code)

Should you need to call someone concerning this matter, please call:

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COURIER ADDRESS:

Qualification/Tax Lien Sec. Division of Corporations 40° E. Gaines St. Tallahassee, FL 32399 MAILING ADDRESS:

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

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. (ř al	Name of corporation: must include the word 'INCORPORATED', COMPANY', CORPORATIOn bibreviations of like import in language as will clearly indicate that it is a corporation instead of a partnership if not so contained in the name at present.)	V or words or a natural person
4. 2	(FEI number, if applicable) (Date of Incorporation) (Duration: Year corp. will cease to exist or age first transacted business in Florida. (See Sections 607.1501, 607.1502, and 817.155, F.S.)	perpetual")
7	Current mailing address)	WEED TO THE O
8	(Purpose(s) of corporation authorized in home state or country to be carried out in the state or	Florida)
	Name and street address of Florida registered agent: Name:	
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.

(Redistered 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: _____

Director: _____

B. OFFICERS

President: Robert K. Bake.
Address: 1825 Mooring Line Dr., E-2
Vero Beach, Fl. 32963

Vice President: ______

Secretary: Kaci Kane

Address: 1900 Silas Scane Highway, 413 North

Treasurer: ______

NOTE: If necessary, you may a nich an addendum to the application listing additional officers and/or directors.

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

14. Robert & Baker President
(Typed or printed name and capacity of person signing application)

I, Pauline R. Kezer, Secretary of the State of Connecticut, and keeper of the seal thereof, DO HEREBY CERTIFY, that

B. BAKER & ASSOCIATES, INC.

duly incorporated under the laws of Connecticut is in good standing.

Secretary of the State

Date Issued: December 23, 1994

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