

THE COMPANY CORPORATION

Three Christina Centre ● 201 N. Walnut Street ● Wilmington, Delaware 1980) ● Jefephone (302) 575 0440 ● Jay (302) 575 1440

F95000000940

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

RE: Mr. Sun Liquor & Retail, Inc. 9501242473633

7101000001441558177 02/27/95-91035-9043 +++++70,00 +++++70,00

Dear Sir or Madam:

Enclosed please find:

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

Please file and return all related correspondence to my attention at the address listed 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 VITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| ovvil or reprincial |
|---|
| 1. Name of corporation: hiust include the word "NCORPORATED", "CORPORATION" or words or observations 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.) |
| 2. Delaware (State or country under the law of which it is incorporated) 4. (Date of Incorporation) 15. (Duration: Year corp. will cease to exist or perpetual?) |
| (Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.155, F.S.) |
| 7. 176c Central Ans |
| St Polesshung #70 33712 (Current mailing address) |
| |
| (Purpose s) of corporation authorized in home state or country to be carried out in the state of Florida) |
| |
| G G |
| Name: LATTY WORE |
| Office Address: 200 A JOHN KNOX Rd |
| 1Allahassee Florida, 32303 |
| (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. |
| SCE ATTACHEN |
| (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 M. DON LIQUOUS RETAIL TOO desiring to organize under the laws of the state of Florida with its principal place of business located in the city of D. PERSE 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

Date

| 12. | Names and addresses of officers and/or directors: |
|----------------|--|
| A. | DIRECTORS |
| | Chairman: Trace & Boack |
| | Address: 2765 CONTRAL AUC |
| | ST. 10 PISBURG FC 33712 |
| | Vice Chairman: Odette Boacks |
| | Address: 2)(0) CENTUR A.C. |
| | - 5T. leters Buy Fr. 337/2 |
| | Director: |
| | Address: |
| | |
| | Director: |
| | Address: |
| _ | |
| В. | OFFICERS |
| | President toger t. Sogers |
| | Address: 2160, CENTRA OAR |
| | 51 Pelessay fr 337/2 |
| | Vice President Chette Bones |
| | Address: X) COTTUAL AC. |
| | St. 16/6/5/8019 ft 337/2 |
| | Secretary: |
| | Address: |
| | Treasurer: |
| | Treasurer:Address: |
| | |
| NOTE and/or | : If necessary, you may attach an addendum to the application listing additional officers directors. |
| < | |
| 13. (Siç | pnature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) |
| 14 | ROBER E. BOGERS (Charaman) Beaude 1 |
| | (Typed or printed name and capacity of person signing application) |

State of Delaware Office of the Secretary of State





dward | Licel Secretary of State

AUTHENHEAHON