F950000001183

TO: QUALIFICATION/TAX LIEN SECTION DIVISION OF CORPORATIONS

1299 4516

SUBJECT: // EIGHT & ASSOCIATES, ZNC
(Name of corporation - must include sulfix) dba M. Wright & Associates

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 mature to the following:

MARIC N. WRIGHT

(Name of Person)

WRIGHT & ASSOCIATES, INC.

(Firm/Company)

677 N. Washington Blvd.

(Address)

SAILASUTA, FL 34236

(City, State and Zip Code)

10:11:11:11:01 SS 11:13:13:13:13:03

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

Mark N. Wright at (9/3) 1.52 - 5026.

(Name of Person) Area Code & Daytime Telephone Number

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. U. Box 6327 Tallahassee, FL 32314

TRANSMITTAL LETTER

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TO: QUALIFICATION/TAX LIEN SECTION DIVISION OF CORPORATIONS

SUBJECT:	WRIGHT	Ŀ	ASSOCIATES.	JAC		
	(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:

MARK N. WRIGHT					
(Name of Person)					
WRIGHT & ASSOCIATES INC.					
(Firm/Company)					
677 N. WASHINGTON RLVD.					
(Address)					
SARAJOTA FL 34236					
(City, State and Zip Code)					

will a

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

Mark N. WRIGHT	at (8,3) 952 - 5826.
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COURIER ADDRESS:

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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 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
1. Name of corporation: must include the word "NCORPORATED", "COMPANY", "CORPORATED"	က္မ
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATE abbreviations of like import in language as will clearly indicate that it is a corporation instead	Oly or words or
or partnership if not so contained in the name at present.)	O a haratai ai are se
	'
2. DOLANNING (State or country under the law of which it is incorporated) (State or country under the law of which it is incorporated) (FEI number, if applicable)	-m
(State or country under the law of which it is incorporated) (FEI number, if applicable)	
1 1/31/95 E 2000 TWAL	-
4. 1/3(95 5. Duration: Year corp. will cease to exist.	or borogual3
6. (CATE OF INCORPORATION) (Duration: 16ar corp. will cease to exist. (Date first transacted business in Florida, (See sections 607.1501, 607.1502, and 817.155, F.S.)	
(Date first transacted business in Florida, (See sections 607,1501, 607,1502, and 817,155, F.S.)	
7. 677 N JASHINGTON BUTE.	
SHRA.10774 I-L 34236 (Current mailing address)	
(Current mailing address)	
8. Final Part And Stiffer Services (Purpose(s) of corporation authorized in home state or country to be carried out in the state	
(Purpose(s) of corporation authorized in home state or country to be carried out in the state	a of Florida)
9. Name and street address of Florida registered agent:	
Name: MARK N. WRIGHT	
Office Address: 677 N. WAIH-NOTON BLVD.	
Office Address: 677 /V (V/))	
SANAISTA , Florida , S	4236
	žip Code)
IO. Registered agent's acceptance:	
laving been named as registered agent and to accept service of process for t	he above state
orporation at the place designated in this application, I hereby accept the a	appointment .

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.

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.

1 12. N	ames and addresses	of officers and/or directors:			
A.	DIRECTORS				
	Chairman:	1 400 A / 12 10/11			
	Address:	3988 C 11 11 11 11 11 11 11 11 11 11 11 11 1			
		1968 - 11 512 E 13, 12 MONTON FL 512+3-5551			
	Vice Chairr	nan:			
	Address: _				
	Director:				
	Address:				
	Director:				
	Address:				
В. (OFFICERS				
	President: _	SO,08 5711 PIL. U.			
	Address:	30,00 571 171.0.			
		BRADENTON F-L 34203-5551			
	Vice Presid	ent:			
	Address:				
	Secretary:	Kilich Y. IVRIGHT			
	Address: _	13000 FL 34203-5551			
	Treasurer:				
	Address:				
NOTE: and/or d	If necessary, you mairectors.	ay attach an addendum to the application listing additional officers			
13	711.77	Chairmán, or any officer listed in number 12 of the application)			
(Signature of Chairman, Vice Chairmán, or any officer listed in number 12 of the application)					
14.	14. (Typed or printed name and capacity of person signing application)				

State of Delaware

Office of the Secretary of State

SERVE 12 28 1.02



Edward J. Freel, Secretary of State

AUTHENTICATION

DATE