



THE COMPANY CORPORATION

Three Christina Centre • 201 N. Walnut Street • Wilmington, Delaware 19801 • Telephone: (302) 575-0440 • Fax: (302) 575-1346

F95000001969

March 21, 1995

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

4000001464744
-04/26/95--01018--010
****700.00 ****700.00

RE: Oak Tree Brokerage Inc.
96308242348556

4000001441234
-03/28/95--01045--020
****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

WPS-6832

4/24

enc.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 24 AM 10:02



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

March 28, 1995

SUSAN P. ROSENTHAL
THE COMPANY CORPORATION
201 N. WALNUT ST, 3 CHRISTINA CENTRE
WILMINGTON, DE 19801

SUBJECT: OAK TREE BROKERAGE INC.
Ref. Number: W95000006832

We have received your document for OAK TREE BROKERAGE INC. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

Section 607.1502(4) or 617.1502(4), Florida Statutes, requires this office to collect a \$500 penalty fee for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report fees that would have been due this office had the corporation qualified the year it began operations in this state. The amount due this office to cover both annual report and penalty fees is \$700.

Enclosed please find a copy of section 607.1501 or 617.1501, Florida Statutes, which lists those activities that do not constitute transacting business or conducting affairs in this state. If after reviewing this section you determine erroneous information was inserted on the application, a sworn affidavit containing the following information must be submitted: 1.) a statement indicating erroneous information was listed on the application; and 2.) the correct date the corporation began transacting business or conducting its affairs in Florida prior to the year the application was submitted did not constitute transacting business or conducting affairs pursuant to section 607.1501 or 617.1501, Florida Statutes.

If you have any questions concerning the filing of your document, please call (904) 487-6092.

Hart Collins
Senior Corporate Section Administrator

Letter Number: 195A00014042

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. OAK TREE BROKERAGE INC.

(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.)

2. DELAWARE

(State or country under the law of which it is incorporated)

3. 59-3224286

(FEI number, if applicable)

4. 08/24/93

(Date of incorporation)

5. PERPETUAL

(Duration: Year corp. will cease to exist or "perpetual")

6. 02/01/94

(Date first transacted business in Florida. (See sections 607.1501, 607.1502 and 817.155, F.S.)

7. P. O. BOX 368

GROVELAND, FL 34736

(Current mailing address)

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8. Arranging for transportation of bulk liquid products

(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:

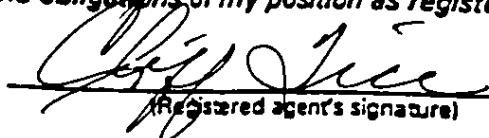
Name: CLIFF TICE

Office Address: 7130 DUBOISE DRIVE

CLERMONT, Florida, 34711
(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.


(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 50 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: Cliff Tice

Address: 7130 Du Boise Dr.

Clermont, FL 34711

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: CLIFF TICE

Address: 7130 DUBOISE DRIVE

CLERMONT, FL 34711

Vice President: _____

Address: _____

Secretary: CLIFF TICE

Address: 7130 DUBOISE DRIVE

CLERMONT, FL 34711

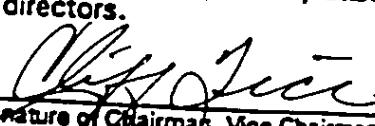
Treasurer: CLIFF TICE

Address: 7130 DUBOISE DRIVE

CLERMONT, FL 34711

NOTE: If necessary, you may attach 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.

CLIFF TICE, PRESIDENT, SECRETARY-TREASURER

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

State of Delaware
Office of the Secretary of State

PAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE FOREGOING DOCUMENT IS A COPY OF THE CORPORATION ORDER FOR THE NAME OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS BEEN CORRECTLY EXECUTED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AS OF THE TWENTIETH DAY OF MARCH, A. D.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 24 AM 10: 03


Edward J. Freel

Edward J. Freel, Secretary of State



AUTHENTICATION:

DATE: