

Document Number Only

**F9500000 1982**

C T CORPORATION SYSTEM  
Requestor's Name  
1311 Executive Center Drive, Ste. 200  
Address  
Tallahassee, FL 32301 (904) 656-8298  
City State Zip Phone

100001463021  
-04/24/95--01024--013  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

CORPORATION(S) NAME

*Sarvan, Inc*

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> Profit         | <input type="checkbox"/> Amendment              | <input type="checkbox"/> Merger             |
| <input type="checkbox"/> NonProfit                 |   |   |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark               |
| <input checked="" type="checkbox"/> Foreign        |   |   |
| <input type="checkbox"/> Limited Partnership       | <input type="checkbox"/> Annual Report          | <input type="checkbox"/> Other              |
| <input type="checkbox"/> Reinstatement             | <input type="checkbox"/> Reservation            | <input type="checkbox"/> Change of R.A.     |
|  |   | <input type="checkbox"/> Fictitious Name    |
| <input type="checkbox"/> Certified Copy            | <input type="checkbox"/> Photo Copies           | <input type="checkbox"/> CUS / G/S          |
| <input type="checkbox"/> Call When Ready           | <input type="checkbox"/> Call if Problem        | <input type="checkbox"/> After 4:30         |
| <input checked="" type="checkbox"/> Walk In        | <input type="checkbox"/> Will Wait              | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out                  |   |   |

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DIVISION OF CORPORATIONS  
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4/24

CR2E031 (1-89)

**APPLICATION BY FOREIGN CORPORATION FOR  
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1501, FLORIDA STATUTES, WHICH OLD FIRM IS SUB-  
MITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE  
STATE OF FLORIDA:

1. Barvan, Inc.  
(Name of corporation: must include the word "INCORPORATED," "COMPANY," or  
"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. De aware  
(State or country under the law of which it is incorporated)

3. February 17, 1969 4. Perpetual  
(Date of Incorporation) (Duration)

5. 22-3366032  
(Federal Employer Identification number, if applicable)

6. Upon Qualification  
(Date first transacted business in Florida. See sections 607.1501, 607.1502, and 617.155, F.S.)

7. 1851 Country Club Blvd., Mount Dora, Florida 32757  
(Current mailing address)

8. Ownership and operation of golf facility.  
(Brief description of the nature of the business in which it is engaged in the state of Florida)

9. Names and street addresses of officers and or directors:

**A. Directors:**

Chairman: \_\_\_\_\_  
Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_  
Address: \_\_\_\_\_

Director: Richard Stein  
Address: 1851 Country Club Blvd  
Mount Dora, Florida 32757

Director: \_\_\_\_\_  
Address: \_\_\_\_\_

(FLA.-2189 - 2/1/92)

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**Officers:**

President: Richard Stein

Address: 1851 Country Club Blvd  
Mount Dora, Florida 32757

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: Kristina Stein

Address: 1851 Country Club Blvd.  
Mount Dora, Florida 32757

Treasurer: Kristina Stein

Address: 1851 Country Club Blvd.  
Mount Dora, Florida 32757

(if needed, you may attach an addendum to the application listing additional officers and/or directors.)

**10. Name and Street address of Florida registered agent:**

Name: C T Corporation System

Office Address: c/o C T Corporation System, 1200 South Pine Island Road  
Plantation, Florida 33324

Zip Code

**11. 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.

C T Corporation System

Registered agent's signature: \_\_\_\_\_

Connie Bryan  
(Officer)  
**CONNIE BRYAN**  
**SPECIAL ASSISTANT SECRETARY**  
(Typed Name and Title of Officer)

12. 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.

13. [Signature]  
(Signature of Chairman, Vice Chairman, or any officer listed in number 9 of the application)

14. Richard Stein, President

(Name and capacity of person signing application)

State of Delaware  
Office of the Secretary of State

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I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SARVAN, INC." 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 OF THIS OFFICE SHOW, AS OF THE TWENTY-FIRST DAY OF APRIL, A.D. 1995.

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

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DIVISION OF CORPORATIONS  
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Edward J. Freel, Secretary of State

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AUTHENTICATION:

DATE:

7480546

04-21-95