# F95000003510

### TRANSMITTAL LETTER

TO:	QUALIFICATION/TAX LIEN SEC	TION:
	DIVISION OF CORPORATIONS	1

40% E. Gaines St.

Talkihassee, FL 32399

300001496803 -05/23/35--01078--017 \*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT:	FMY JUC.	· •		
	(Name of corporation - m	ust include suffix)		
Dear Sir or Madam:				
Florida", "Certificat	plication by Foreign Conte of Existence", and contents in F	heck are submitted to	zation to Transact o register the above	Business in referenced
Please return all corr	respondence concerning	this matter to the fol	llowing:	
	MOULA M	FACRY		
	FMY INC			
	(Firm/Company)	in raif		
	800 WEATHORSFIE (Address)	ED DEIX		
	DULEDIN, FZ 3	4698		
	(City, State and Zip Co	de)		SE SE
Should you need to	call someone concernin	g this matter, please (	call:	SECRETARY OF STATE INVISION OF CORPORATION 95 MAY 23 PM 1: 48
MOVICA M.	facey at (_	813 1738 - 0	124 55	3 - 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
(Name of P	Person) An	a Code & Daytime Teleph	one Number	F ST
PLEASE INC QUALIFICATI	LUDE A CERTIF THANK YOU	TICATU OF STA	mus urav	PRY OF STATE CORPORATIONS
COURIER	ADDRESS:	MAILING ADDRES	SS:	
	n/Tax Lien Sec. Corporations	Qualification/Tax I Division of Corpor		

P. O. Box 6327

Tallahassee, FL 32314

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

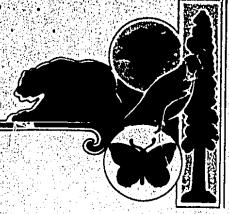
IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1.	FMY 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.)
	or partnership if not so contained in the name at present.)
2	CALIFORNIA 3 11/A
2.	(State or country under the law of which it is incorporated)  3. (FEI number, if applicable)
Δ	NOUCMBER 23, 1992 5. PERRETUAL
٠,	(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6.	the state of the s
	(Date first transacted business in Florida. (See sections 607.1501, 807.1502, and 817.155, F.S.)
7.	800 WEATHERSFIELD DEIVE
	NUESCH FI NUCCO
	DUNEOIN, FC 34698 (Current mailing address)
8.	TO ENGAGE IN ANY CANTUL ACT OR NOTIVITY FOR WHICH A CORPORATION MAY BE OPEANIZED
	(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:
	Of Egg
	Name:TON_ CUMMINS 要
	Office Address: 800 WATHERSTIELD DOWE &
	DULECIN , Florida , 34698 Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z
	(Zip Code)는 식공 
10	Registered agent's acceptance:
Ha	ving been named as registered agent and to accent service of process for the shows stated
	'PY'9UVII AL UIE DIACE DESIGNATEN IN THIS ANNICATION. I horoby pagant the appaintment of
of	distered agent and agree to act in this capacity. I further agree to comply with the provisions all statutes relative to the proper and complete performance of my duties, and I am familiar
Wi	th and accept the obligations of my position as registered agent.

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.

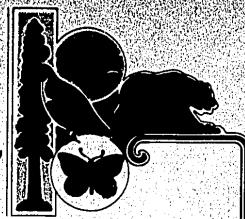
(Registered agent's signature)

A. DIRECT Chairman:	and addresses of officers and/or directors: (Street s ONLY- P. O. Box NOT acceptable)  ORS (Street address only- P. O. Box NOT acceptable)  TONL CUMMINS
Chairman:	
professional fraction and the second	
Address: _	800 lughthasfleld deile
	DUNEDIN, FC 34098
Vice Chairman	
Address:	
Director:	
Address:	
Audiess:	
Director:	
Address:	
B OFFICERS (S.	
D.ORETCEMO (9)	treet address only- P. O. Box NOT acceptable)
	MONICA FORRY
President:	
President:	MODICA FERRY
President:	MOJICA FERRY 433 S. PAULA DELLE 1/20 DULADINI FL 34698
President: Address: Vice Presiden	MODICA FERRY 433 S. PAYLLA DELLE #20 DUHEDIHI FL 34698 It:
President: Address: Vice Presiden	MOJICA FERRY 433 S. PAULA DEILE #20 DUHEDIHI FL 34698
President: Address: Vice Presiden Address:	MODICA FERRY 433 S. PAYLLA DELLE #720 DUHEDIH, FL 34698  TOM COMMINS
President:	MODICA FERRY  433 S. PAYLON DELLE #20  DUHEDIHI FL 34698  TOM CLAMMINS  AS ABOVE  ***  ***  ***  ***  ***  ***  ***
President:	MONICA FERRY  433 S. PAYLLA DELLE #20  QUEDIN, FL 34608  TOM CUMMINS  AS ABOVE  ***  ***  ***  ***  ***  ***  ***
President:	MONICA FERRY  433 S. PAYLLA DELLE #20  QUEDIN, FL 34608  TOM CUMMINS  AS ABOVE



# State

SECRETARY OF STATE



#### **CERTIFICATE OF STATUS** DOMESTIC CORPORATION

I, BILL JONES, Secretary of State of the State of California, hereby certify:

That	on the	23rd	day of	ſ <u> </u>	November	19	92
• • •	化氯化甲基二甲基氯磺基	The profit was		10 D			

FMY\_INC.

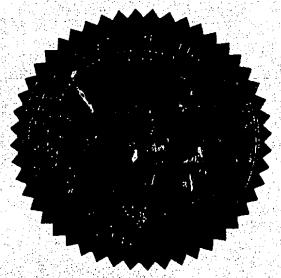
became incorporated under the laws of the State of California by filing its Articles of Incorporation in this office; and

That no record exists in this office of a certificate of dissolution of said corporation nor of a court order declaring dissolution thereof, nor of a merger or consolidation which terminated its existence; and

That said corporation's corporate powers, rights and privileges are not suspended on the records of this office; and

That according to the records of this office, the said corporation is authorized to exercise all its corporate powers, rights and privileges and is in good legal standing in the State of California: and

That no information is available in this office on the financial condition, business activity or practices of this corporation.



SEC/STATE FORM CE-112 (REV. 1-95)

IN WITNESS WHEREOF, I execute this certificate and affix the Great Segl of the State of California His 5th day of May, 1995

Secretary of State