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TRANSMITTAL LETTER  
DIVISION OF CORPORATIONS

TO: QUALIFICATION/TAX LIEN SECTION  
DIVISION OF CORPORATIONS

700001533907  
-07/10/95--07032--015  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

SUBJECT: Southeastern Imports, Inc  
(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:

Tim Shields  
(Name of Person)  
Southeastern Imports, Inc  
(Firm/Company)  
6091 Johns Rd Ste 4  
(Address)  
Tampa, FL 33634  
(City, State and Zip Code)

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

Tim Shields at (813) 884-8821  
(Name of Person) Area Code & Daytime Telephone Number

WJ 7/10

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. O. Box 6327  
Tallahassee, FL 32314

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

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

1. Southeastern Imports, 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. Tennessee 3. 62-1540482  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 08/05/1993 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. 07/11/1995 or Upon  
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 617.155, F.S.))
7. 6091 Johns Rd Ste 4  
Tampa, FL 33634  
(Current mailing address)
8. Retail Distribution  
(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: Tim Shields  
Office Address: 6091 Johns Rd Ste 4  
Tampa, Florida, 33634  
(Zip Code)

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SECTION OF STATE  
DIVISION OF CORPORATIONS

**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.*

Tim Shields  
(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.

12. Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable)

A. DIRECTORS (Street address only- P. O. Box NOT acceptable)

Chairman: Tim Shields

Address: 6091 Johns Rd Ste 4  
Tampa FL 33634

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

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

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

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

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

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

B. OFFICERS (Street address only- P. O. Box NOT acceptable)

President: Tim Shields

Address: Same

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

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

Secretary: Kerstin Shields

Address: Same

Treasurer: \_\_\_\_\_

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

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Tim Shields  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Tim Shields  
(Typed or printed name and capacity of person signing application)

Secretary of State

Corporations Section

James K. Polk Building, Suite 1800  
Nashville, Tennessee 37243-0306

ISSUANCE DATE: 07/03/1995  
REQUEST NUMBER: 3027-0790  
TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 08/05/1993  
STATUS: ACTIVE  
CORPORATE EXPIRATION DATE: PERPETUAL  
CONTROL NUMBER: 0268815  
JURISDICTION: TENNESSEE

TO:  
SOUTHEASTERN IMPORTS INC  
ATTN TIM SHIELDS  
6091 JOHN RD STE 4  
TAMPA, FL 33634

REQUESTED BY:  
SOUTHEASTERN IMPORTS INC  
ATTN TIM SHIELDS  
6091 JOHN RD STE 4  
TAMPA, FL 33634

CERTIFICATE OF EXISTENCE

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT  
"SOUTHEASTERN IMPORTS, INC."

IS A CORPORATION DULY INCORPORATED UNDER THE LAW OF THIS STATE WITH DATE OF  
INCORPORATION AND DURATION AS GIVEN ABOVE,  
THAT ALL FEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE  
EXISTENCE OF THE CORPORATION HAVE BEEN PAID,  
THAT THE MOST RECENT CORPORATION ANNUAL REPORT REQUIRED HAS BEEN FILED  
WITH THIS OFFICE, AND  
THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED, AND  
THAT ARTICLES OF TERMINATION OF CORPORATE EXISTENCE HAVE NOT BEEN FILED

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 JUL 10 PM 3:55

FOR: REQUEST FOR CERTIFICATE

ON DATE: 07/03/95

FROM:  
SOUTHEASTERN IMPORTS, INC.  
201 CENTER PARK DR  
SUITE 1040  
KNOXVILLE, TN 37922-0000

RECEIVED: FEES \$10.00 \$10.00  
TOTAL PAYMENT RECEIVED: \$20.00

RECEIPT NUMBER: 00001823109  
ACCOUNT NUMBER: 00204552



*Riley C Darnell*

RILEY C. DARNELL  
SECRETARY OF STATE