TRANSMITTAL LETTER

TO: QUALIFICATION/TAX LIEN SECTION DIVISION OF CORPORATIONS

DICHOUGH 4 685600 -03/21/95--01112--006 ->44++70.00 +++4470.00

W95 - 626D

SUBJECT:	BLUE 45, INC.
000000	(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:

(Name of Person)	
Wilson & Cape	
(Firm/Company)	
P.O. Box 544	
(Address)	
Harrisburg, IL 62946	
(City, State and Zip Code)	

Should you need to call someone concerning this matter, pl

dilogia yaa nada ta ban bannaana	_	-		1.
Grant Cape	at (<u>618</u>	_)252	- 5302	 •.
(Name of Person)	Area Code	& Daytime	Telephone	Number

8.2.95

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



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

March 21, 1995

GRANT CAPE P.O. BOX 544 HARRISBURG, IL 62946

SUBJECT: BLUE 45, INC. Ref. Number: W95000006260 95 AUG -2 AH 8: 24

We have received your document for BLUE 45, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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 \$700.00.

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) 487-6097.

Michael Mays Corporate Specialist

Letter Number: 095A00012670



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

July 13, 1995

GRANT CAPE BLUE 45, INC. P.O. BOX 544 HARRISBURG, IL 62946

SUBJECT: BLUE 45, INC. Ref. Number: W95000006260

SAUG-2 AN 8: 24

This letter is in response to the application by foreign corporation for authorization to transact business in Florida that was previously submitted to this office for BLUE 45, INC..

The referenced application states that the corporation has transacted business in the State of Florida since August 3, 1994. You were notified by letter dated March 21, 1995, that because of failure to obtain a certificate of authority prior to transacting business in the State of Florida, the corporation is liable for \$700.00 in appropriate fees and penalties as set forth in Section 607.1502(4), Florida Statutes, (copy enclosed).

Until a response is received by this office concerning the prior notification, the application by foreign corporation for authorization to transact business in Florida will not be processed. If erroneous information was reflected on the previously submitted application, a sworn affidavit may be filed stating the correct date the corporation first transacted business in Florida, that the corporation did not transact business in Florida prior to the application filing year and that the information entered on such application is incorrect. Any such affidavit will be included with your original qualification documents.

Please provide your response to this letter within 30 days to avoid the necessity of further action.

If you have further questions concerning the filing of your document, please telephone the Foreign Qualification/Tax Lien Section at (904) 487-6091.

Michael Mays Document Specialist

Letter No. 195A00033648

Enclosure

Wilson & Cape

105 B. COMMENCIAL - P.O. BOX 544 FIAHRIBURO, ILLINOIB 02040 618-252-5302 FAX 618-252-5304

July 26, 1995

Florida Department of State Division of Corporations P.O. Box 6327 Tallahasse, FL 32314

Re: Blue 45, Inc.

Reference No.: W95000006260

Gentlemen:

The undersigned states on oath the following: The above corporation now does not wish to apply for authorization to transact business in Florida. Under Florida Statutes, Sec. 607.1501, the transactions which have been and now are conducted in Florida by the corporation are not the type which require a Certificate of Authority to Transact Business in Florida.

Grant Cape

Faulette Horron Janice a Kelley

State of Illinois

88.

County of Saline)

I, the undersigned, Notary Public, in and for said County, in the State aforesaid, do hereby certify that GRANT CAPE, personally known to me to be the same person whose name is subscribed to the foregoing instrument, appeared before me this day in person and acknowledged that he signed, sealed, and delivered the said instrument as his free and voluntary act, for the uses and purposes therein set forth.

Given under my hand and notarial seal this day of

Printed Name of Notary Public

My Commission Expires:

(JK15) FLORIDA. LET

COFFICIAL SEAL*
KIRSHA SHERROD
Noral Public, State of Illinois
No Limit base Expires: 12/1/97

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	BLUE 45, INC.	**************************************	G-241-1874-110	TRANDO AI	5 A TO SAIR OF	- wasde	
4} al o	BLUE 45, INC. Name of corporation: must include the word 'INCOF bbreviations of like import in language as will clearly repartnership if not so contained in the name at pres	APORATE y indicato (sont)	hat it is a corp	oration inst	ead of a na	tural p	igrson
3	ILLINOIS	3.	37-1319	9656			
Z. (S	tate or country under the law of which it is incorpor	ated)	(FEI numbe	r, if applica	pleb:	55	
4	9/14/94 5. [Date of Incorporation]	Par	petual_		i—i >>-	E **	
7,	(Date of Incorporation)	(Duration:	Year corp. wil	coaso to o	xist or pol	rputual	Tean units
ĥ.	8/3/94				(1)	7	
([8/3/94 Date first transacted business in Florida. (See sections	807,1501, 6	7,1502, and 817.	155, F.S.)			37
7.	375 Blue Hole Rd.				0:	ထဲ (23.70
	Harrisburg, IL 62946				FLORIDA	<u></u>	
-	(Current mailing address	s)					
Я.	This corporation may engage in or tropermitted under the laws of the Unit	ed State	g, the sta	re or tr	orran, o		021.02
٠. ـ	(Purpose(s) of corporation authorized in home state, country, territory or nation.	ita or cour	try to be carrie	d out in the	ostate of F	iorida)	
9.	Name and street address of Florida re	gistered	agent:				
	Name: William Ainsw	orth		-			
	Office Address:5908 Cranbook	way		. .			
	Naples, FL			Florida,	3396	52	
					(Zip C	(ode	
	. Registered agent's acceptance:						atotod
Ha	ving been named as registered agent and reporation at the place designated in this	to acce annlica:	pt service o inn. I hereb	r process v accent	tor the app	ointn	stateu nent as
rer	nistered agent and agree to act in this cap	acity. I f	urther agree	to comp	iy with th	e pro	VISIONS
of	all statutes relative to the proper and con	nplete pe	rtormance d	it my aut	ies, and	l am i	familiar
Wi	th and accept the obligations of my position	on as reg	istered ager	18.			
	Sign party of		<i>y</i> -				
ď	Sign William X/ Itan (Registered agent)	s signature عربير	<u>/</u>				
	ti in Angeria		•				

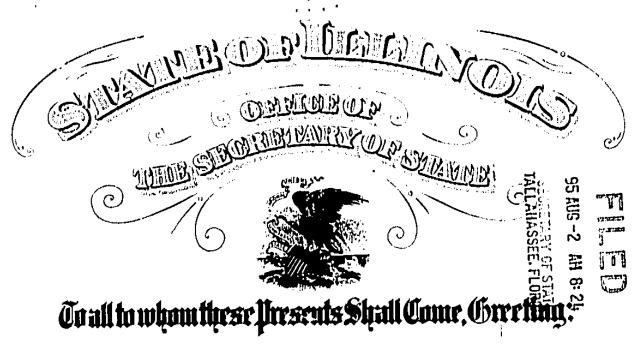
11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors:

		•	
١.	DIRECTORS		
	Chairman:	Julio A. Stewart	_
	Address:	375 Blue Hole Rd,	-1
	·	Harrisburg, IL 62946	
	Vice Chairman: _		
	Address:		
	Director:	Michael S. Stawart	
	Address:	375 Blue Hole Rd.	
		Harrisburg, IL 62946	
	Director:		<u></u>
	Address:		—
	<u></u>		ALLAHUS SS AUG
В.	OFFICERS		HASSIS
	President:	Julie A. Stewart	
	Address:	375 Blue Hole Rd.	—— 2월 호 (교)
		Harrisburg, IL 62946	24 RIDA
	Vice President:		i
	Address:		
	Secretary:	Michael S. Stewart	
		375 Flue Hole Rd.	
	<u></u>	Harrisburg. IL 62946	
	Treasurer:	Michael S. Stewart	·····
	Address:	375 Blue Hole Rd.	
		Harrisburg, IL 62946	
NO.	TE: If necessary, you may a lor directors.	attach an addendum to the applicatio	n listing additional officers
	11/6	C +-	
13.	Myslet J. Signature of Chairman, Vice Cha	Sexelous irman, or any officer listed in number 12 of the	e application)
		/	
14	Michael S. Stewart,	aectetary	

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

File Wumber 5747-334-7



I, George H. Ryan. Lecretary of State of the State of Illinois,

to hereby certify that

BLUE 45, INC., A DOMESTIC CORPORATION,
INCORPORATED UNDER THE LAWS OF THIS STATE SEPTEMBER 14, 1993,
APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS
CORPORATION ACT OF THIS STATE RELATING TO THE FILING OF ANNUAL
REPORTS AND PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN
GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS***



In Tes	timony Mhere	of, I hereto set
		ed the Great Scal of
the State of.	Illinois thus	15TH
day of	FEBRUARY	A.D., 19 <u>95</u>

George H Ryan SECRETARY OF STATE

F9500003714

SRC 8-0252-

TO: QUALIFICATION/TAX LIEN SECTION DIVISION OF CORPORATIONS

4 CIOCO 1 5 SIS 1 5 4 -07/14/95--01060--001 *****78.75

614217

SUBJECT: SENTEL 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:

SENTEL	INC	;.		
		Compa	ny)	
232 THT	RD	AVEN	UE	
	(Add	dress)		
DAYTONA	BE	ACH.	FL	3211

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

CLIVE M. SENIOR at (904) 253 - 0534 .

(Name of Person) Area Code & Daytime Telephone Number

95 AUG 22 AN 9:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

RESOLUTION OF BOARD OF DIRECTORS

t, the undersigned <u>CLTVE M. SENTOR</u>	, do horeby certify
that this Resolution of the Board of Directors of name to FLORIDA SENTEL INC. a corporation duly organized and existing under the	laws of the State of Onlaware
Was duly adopted onApril 11,, 19 95 Resolved, thatSENTEL INC.	SSEE AL
and existing in the State ofDELAWARE nameFLORIDA_SENTEL_INC.	•
Dated: 7/20/95	Clive M. Sonio



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

July 14, 1995

CLIVE M. SENIOR SENTEL INC. 232 THIRD AVENUE DAYTONA BEACH, FL 32114

SUBJECT: SENTEL INC Ref. Number: W95000014217 95 AUG 22 AH 9: 58
SECKLAHASSEE, FLORIDA

We have received your document for SENTEL INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the CORPORATE SPECIALIST indicated.

A certificate of existence, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having cu stody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6097.

Michael Mays Document Specialist

Letter Number: 295A00033920

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,	SENTEL ING.		eritaaniaan	्री क्ला र ी			A"H"		
	SENTER ING. (Name of corporation: mus abbraviations of like impor or partnership if not so cor	it include the word t in language as wi Itained in the name	INCORPOR Il closify Indi I at present.)	cato 1	hat it is a co	NY","CORP prporation in	ORATION" or istend of a no	word:	s or person
2.	DELAWARE			3.	DOC SS	. # 249 # 054-4	7986 2-4659		
	(State or country under the	law of which it is in	corporated)		(FEI num	ber, if applic	ablo)		
4.	4/11/95 (Date of Incorporation		5.		_	PERPETU	IAI.		
	(Data of Incorporation	n)	(Dura	រប់០ក:	Year corp.	wiil coaso to	exist or "per	potual	7
								(D	
	5/2/95 (Date first transacted busin	oss in Florida. (500	sections 807.10	501, 00	7.1502, and B	7.155, F.S.)		CTI	
7.	SENTEL INC.						至四	aua aua	್ ಕ ಕ್ಷಾ
•							SS	22	- ma
	P.O. BOX 965	4, DAYTONA	BEACH, F	L 3	2120-96	<u>54 </u>	in Si	2	
		(Current mailing a	iddress)				: E3	ά	
٥	CTMDITED AND	CHEYDED							7.5
ο.	SIMPLIER AND (Purpose(s) of corporation	on authorized in ho	me state or	count	ry to be car	ried out in t	nd state of Flo	orida)	
	Name and street a						1		
	Name	CLIVE M.	SENIOR			_			
	Office Address:	232 THIRI	AVENUE						
		DAMES I	2 P A COU			(T)1 - 1 -	2011/		
		<u>DAYTONA I</u>	SEAGH			, Fiorida ,	17in Co	401	
							(Zip Cu	nai	
10	. Registered agent'	s acceptance:							
	ving been named as .	•	t and to ac	ccep	t service (of process	for the ab	ove s	stated
co reg of	rporation at the place gistered agent and agr all statutes relative to	e designated in ree to act in this the proper and	this appli capacity. complete	catio I fui perf	on, I herei ther agrei formance	by accept e to comp of my dut	the appoi ly with the	ntme provi	ent as isions
/VI	th and accept the oblig		_	_	_	nt.			
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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)

Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable) 12. A. DIRECTORS (Street address only- P. O . Box NOT acceptable) Chairman: CLIVE M. SENIOR 232 THIRD AVENUE Address: DAYTONA BEACH, FL 32114 Vice Chairman: Address: ____ Director: CLIVE M. SENIOR and MARGOT E. SENIOR Address: 232 THIRD AVENUE DAYTONA BEACH, FL 32114 11 11 Director: Address: ____ B.OFFICERS (Street address only- P. O. Box NOT acceptable) President: CLIVE M. SENIOR Address: 232 THIRD AVENUE DAYTONA BEACH, FL 32114 Vice President: _____ Address: Secretar RGOT E. SENIOR 232 THIRD AVENUE Address: DAYTONA BEACH, FL 32114 Treasurer: MARGOT E. SENIOR Address: 232 THIRD AVENUE, DAYTONA BEACH, FL 32114 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) CLIVE M. SENIOR

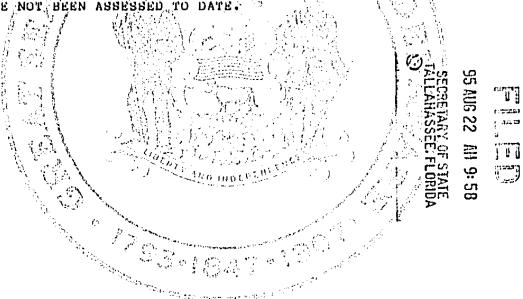
(Typed or printed name and capacity of person signing application)

State of Delaware Office of the Secretary of State

THIS OFFICE SHOW, AS OF THE TWENTY-FIFTH DAY OF JULY, A.D. 1995.

WAS INCORPORATED ON THE TWELFTH DAY OF APRIL, A.D. 1995.

HVAE NOT BEEN VARESBED TO DATE.



Edward J. Freel, Secretary of State

AUTHENTICATION:

7584237

2497986 8300

DATE:

07-25-95