F9500003766

Qualification/Tax Lien Section TO: Division of Corporations (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: *****70.00 ******70.00 ******70.00 (Firm/Company) Should you need to call someone concerning this matter, please call: at (20 |) 293-3467 (Area Code & Daytime Telephone Number) (Name of Person)

COURIER ADDRESS:

Qualification/Tax Lien Sec. Division of Corporations 409 E. Gaines St Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

**** # ** 10 1001141

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. W. Cherder, Company, Inc.
(Name of corporation: must include the word "INCORPORATION" 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 Co Je Co e (State or country under the law of Which it in Incorporated) 3. 333374 (State or country under the law of Which it in Incorporated)
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. (Date first transacted business in Florida, (SEE SECTIONS 607.1501, 607.1502, AND B17.155, F.S.)
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.)
7. 1899 Magies Court Oviedo, F) 37764
POBY 1139 Montages without
POBY 1639 Montague NT07827 (Current mailling address)
Tour
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
Name: John Fisher
co (**)
Oviedo, Florida, 32766
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.
John G. Disle. (Registered agent's signature)
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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.

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FAX NO. 4073664747 P. 04 HIE & HALLMARK OFFED. MIDH 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) Vice Chairman:_ Address: _____ B. OFFICERS (Street address only- P. O. Box NOT acceptable) President: __ Address: ___ Vice Prest Lent: . Address: __ Secretary: Address: Treasurer: Address: _ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Vice Chairman, or any officer listed in number 12 of the application)

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

NEW JERSEY SECRETARY OF STATE

W. CHESTER, COMPANY, INC.

I, THE SECRETARY OF STATE OF THE STATE OF NEW JERSEY, DO HEREBY CERTIFY THAT THE RECORDS OF THIS OFFICE SHOW THAT THE CHARTER/AUTHORITY OF THE ABOVE-NAMED BUSINESS WAS FILED IN THIS OFFICE ON FED. 07,1992.

I FURTHER CERTIFY, THAT SO FAR AS THE RECORDS OF THIS OFFICE SHOW, SAID BUSINESS HAS NOT BEEN DISSOLVED, CANCELLED, OR WITHDRAWN, NOR HAS ITS CHARTER/AUTHORITY BEEN VOIDED/REVOKED FOR NON-PAYMENT OF STATE TAXES BY PROCLAMATION. IT NOW CONTINUES TO MAINTAIN ACTIVE STATUS WITHIN THE STATE OF NEW JERSEY. AT THE TIME OF THE ISSUANCE OF THIS CERTIFICATE, ANNUAL REPORTS ARE CURRENT.

I FURTHER CERTIFY THAT THE LOCATION OF THE REGISTERED OFFICE IS

RD 5 BOX 527 ROUTE 206

MONTAGUE

NJ 07827

AND THE REGISTERED AGENT IS THEODORE W FISHER.

3,1995 & & 25%

