TRANSMITTAL LETTER

TO: QUALIFICATION/TAX LIEN SECTION **DIVISION OF CORPORATIONS**

Tallahassee, FL 32399

SUBJECT: Orventon Export	S WC.	
(Name of corporation	n - must includo suffix)	·····
Dear Sir or Madam:		
The enclosed "Application by Foreign Florida", "Certificate of Existence", ar foreign corporation to transact business	nd check are submitted to regist	o Transact Business in or the above referenced
Please return all correspondence concer	ning this matter to the following:	
RAY A. So	DF.	
RAY A. Ro (Name of Pe	rson)	
	any)	100001564691 -08/21/9501011008 ******70.00 *****70.00
102 CAVIS (Address) FUEBLO, CO	TA RD	
(Address)	-81005	
		10
(City, State and Zi	o Code)	W95-16810
Should you need to call someone concer	ming this matter, please call:	
RAY A. ROPE at	(<u>7/9</u>) <u>5%4 - 2667</u> . Area Code & Daytime Telephone Num	J2 1/30
	Area Code & Daytime Telephone Num	SECRETARY OF CORS. 95 AUG 30 AH
COURIER ADDRESS:	MAILING ADDRESS:	<u>ပ</u> ဲ့ ္ပြဲန
Qualification/Tax Lien Sec. Division of Corporations 409 E. Gaines St.	Qualification/Tax Lien Sec Division of Corporations P. O. Box 6327	. 55 110 kg

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:

Exports INC.

1. Or vonton

2. DECREMEE 3. 36-3979 686 (State or country under the law of which it is incorporated) (FEI number, if applicable)	
4. 9-28-99 [Data of Incorporation] 5. PERCETURE [Duration: Year corp. will conso to exist or	
	"perpotual"}
6. CTON CANDIDATION. (Date first transacted business in Florida, 1900 sections 607.1501, 607.1502, and 817.156, F.S.) 7. 13176 N DALE IMPREY MAY #141	117 SS 117 SS 11
(Current mailing address)	ය කුළු පු කුළ
8. ANY CANTOC ENTER PRISE (Purposa(s) of corporation authorized in home state or country to be carried out in the state of	Ç.
(Purposa(s) of corporation authorized in home state or country to be carried out in the state of	of Florida) 양
9. Name and street address of Florida registered agent:	
Name: AILENE RUZ	
Office Address: THE VILLAGE CENTER	
Office Address: THE VICERGE CENTER 13176 N DACE MABRY HOY, Florida, 33	618
(Zip) Coda)
10. Registered agent's acceptance:	

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.

of all statutes relative to the proper and complete performance of my duties, and I am familiar

(Registered agent's signature)

with and accept the obligations of my position as registered agent.

12. Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable) DIRECTORS (Street address only- P. O . Box NOT acceptable) λ. Chairman: _____ Addross: Vice Chairman: Address: _____ Director: _____ Address: ____ Address: ____ B.OFFICERS (Street address only- P. O. Box NOT acceptable) President: RAY A. RODE Address: 102 CRUISTA 27 PUEBLO, CO 81005 Vice President: _____ Address: _____ Secretary: Same As President S Address: Same AS President Treasurer: Address: (Signature of Chairman, Vice Chairman, or any officer listed in number
12 of the application)

RAY A. ROPE (Prosident)

(Typed or printed 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 "ORVONTON EXPORTS 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 JUNE, A.D. 1995.

SECRETARY OF SALES



Edward J. Freel, Secretary of State

AUTHENTICATION:

DATE: 7546588

06-21-95

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