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TO: Qualification/ l'ax Lien Section Division of Corporations

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SUBJECT: Classy Coverups 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: Poggy A. Ryland (hame of Person) Classy Coverups, Inc. (Firm/Company) 1204 E. Pass Rd. (Address) Gulfport, MS 39507 (City/State/Zip) Should you need to call someone concerning this matter, please call: Peggy A. Ryland) 896-9498

COURIER ADDRESS:

(Name of Person)

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

(Area Code & Daytime Telephone Number)

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:

(Name of corporation: must incluably abbreviations of like import in lan person or partnership if not so co	de the word "INCORPORA gunge as will clearly indicat	TED", "COMPANY", "CO e that it is a corporation in nt.)	RPORATION" or words or stend of a natural
2. Minsissippi (State or country under the law of w	hich it is incorporated)	3. 64-078071	3 mber, if applicable)
4. 1989 (Date of Incorporation)		5. Perpetual	cease to exist or "perpetual")
6. November, 1995 (Date first transacted business		•	• • •
71204 E, Pass Ro	1.		
Gulfport, MS 39	0 5 0 7 (Current mailing	address)	
Rotail Decorate (Purpose(s) of corporation authorize Florida) Name and street address of acceptable)	ed in home state or country	to be carried out in the stat	
Office Address: 1201 Nort	Welding & Suppl h Lime Ave.	· ·	25.55 25.55 21.53 21.53
Sarasota	• •	, Florida , (Zin Cod	
10. Registered agent's accept	ance:	(Sip dod	
Having been named as register corporation at the place design registered agent and agree to a all statutes relative to the prope and accept the obligations of m	ated in this application ot in this capacity. I fi r and complete perfor y position as registered	n, I hereby accept the orther agree to compl mance of my duties, a d agent.	appointment as
Wille	and Form	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: Paggy A. Ryland Address 21 2nd Stroot, Gulfport, MS 32501 Vice Chairman: Charles W. Ryland Address: 911 2nd Street, Gulfport, MS 39501 Loslie R. North Director: Address: 2307 Broadmoor Place Gulfport, MS 39501 Director: Mark W. Ryland Address: 1605 Hardy St. Hattiosburg. MS 39401 (Soo attached)

B. OFFICERS (Street address only- P. O. Box NOT acceptable) President: Poggy A. Ryland 911 2nd Strot Address: _ Gulfport, MS 39501 Vice President: Mark W. Ryland Address: 1605 Hardy Street Hattiesburg, MS 39401 Secretary: ____ Jennifer R. Achee Address: 4459 Kendall Cir. Gulfport, MS 39507 Charles W. Ryland Treasurer: 911 2nd Street, Gulfport, MS 39501 Address: ____ 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)

Peggy A. Ryland, Chairman & President
(Typed or printed name and capacity of person signing application)

12A. continued

Charles G. Ryland 3015 Mesa Dr. Nattiesburg, MS 39402

Jennifor R. Achoe 4459 Kendall Cir. Gulfport, MS 39507

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State of Mississippi

Office of the Secretary of State Dick Molpus, Secretary of State Jackson, Mississippi

CERTIFICATE OF EXISTENCE/AUTHORITY

I, DICK MOLPUS, Secretary of State of the State of Mississippi, and as such, the legal custodian of the corporate records, required by the laws of Mississippi, to be filed in my office, do hereby certify:

That on December 04,1989 the state of Mississippi issued a Charter/Certificate of Authority to:

CLASSY COVERUPS, INC.

That the state of incorporation is MISSISSIPPI.

That the period of duration is Perpetual.

That according to the records of this office, Articles of Dissolution or a Certificate of Withdrawal have not been filed.

That according to the records of this office, a current Annual REPORT HAS BEEN DELIVERED TO THE SECRETARY OF STATE'S OFFICE.

I further certify that all fees, taxes and penalties owed to this state, as reflected in the records of the Secretary of State, have been paid and that the corporation is in existence or has authority to transact business in Mississippi.

> Given under my hand and seal of office August 02,1995

DICK MOLPUS Secretary of State