

CAPITAL CONNECTION, INC.

17 E. Virginia St., Suite 101, Tallahassee, FL 32301 (904) 222-8800
 Mailing Address: Post Office Box 1149, Tallahassee, FL 32301
 TOLL FREE No. 1-800-347-8066
 FAX (904) 222-1222

F950000004454

NAME _____
 FIRM _____
 ADDRESS _____

PHONE () _____

Service: Top Priority _____ Regular _____
 One Day Service Two Day Service

To us via _____ Return via _____

Matter No.: _____ Express Mail No. _____

State Fee \$ _____ Our \$ _____

Capital Express™	DISBURSED
Art. of Inc. File	
Corp. Record Search	
Ltd. Partnership File	
Foreign Corp. File	
() Cert. Copy(s)	
Art. of Amend. File	
Dissolution/Withdrawal	
C U S	
Fictitious Name File	
Name Reservation	000001584546
Annual Report/Reinstatement	00/14/95--01021--011
Reg. Agent Service	***\$122.50 ***\$122.50
Document Filing	
Corporate Kit	
Vehicle Search	
Driving Record	
Document Retrieval	
UCC 1 or 3 File	
UCC 11 Search	
UCC 11 Retrieval	
File No.'s, Copies	
Courier Service	
Shipping/Handling	
Phone ()	
Top Priority	
Express Mail Prop.	
FAX () pgs.	

95 SEP 19 AM 10:45
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
FILED

SUBTOTALS

FEE.....	\$
DISBURSED.....	\$
SURCHARGE.....	\$
TAX on corporate supplies.....	\$
SUBTOTAL.....	\$
PREPAID.....	\$
BALANCE DUE.....	\$
	\$

Please remit invoice number with payment
 TERMS: NET 10 DAYS FROM INVOICE DATE
 1 1/2% per month on Past Due Amounts
 Past 30 Days, 18% per Annum.

THANK YOU
 from
 Your Capital Connection

REQUEST TAKEN CONFIRMED APPROVED
 DATE _____
 TIME _____ CK No. _____
 BY AAK

WALK-IN Will Pick Up 9-17 12:00

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. KUICKIE KORNERS, 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. New York
(State or country under the law of which it is incorporated)

3. 11-2662892
(FEI number, if applicable)

4. 11/1/83
(Date of incorporation)

5. Perpetual
(Duration: Year corp. will cease to exist or "perpetual")

6. Date of this Filing
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 617.165, F.S.)

7. 70 Corporate Plaza, Suite 201A
Islandia, New York 11722
(Current mailing address)

8. Convenience Store/Gasoline Retail
(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: Vincent Milazzo

Office Address: 8434 State Highway 52

Bayonet Point, Florida, 34669
(Zip Code)

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.

→ Vincent Milazzo
(Registered agent's signature)
Vincent Milazzo

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.

FILED
55 SEP 14 AM 11:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Vincent Milazzo

Address: 8434 State Highway 52
Bayonet Point FL 34669

Vice Chairman: _____

Address: _____

Director: Vincent Milazzo

Address: 8434 State Highway 52
Bayonet Point FL 34669

Director: _____

Address: _____

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

President: Vincent Milazzo

Address: 8434 State Highway 52
Bayonet Point, FL 34669

Vice President: _____

Address: _____

Secretary: Vincent Milazzo

Address: same as above

Treasurer: _____

Address: _____

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

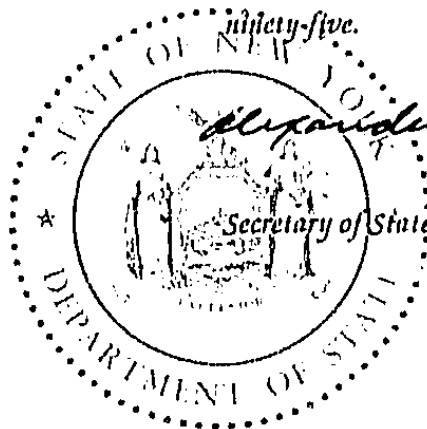
13. Vincent Milazzo (Pres)
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Vincent Milazzo, President
(Typed or printed name and capacity of person signing application)

State of New York . | ss:
Department of State

I heroby certify, that the certificate of incorporation of KUICKIE
KORNNERS, INC. was filed on 11/01/1983, with perpetual duration, and that
I have made a diligent examination of the index of corporation papers
filed in this Department for a certificate, order, or record of a
dissolution, and upon such examination, I find no such certificate, order
or record, and that so far as indicated by the records of this
Department, such corporation is a subsisting corporation.

Witness my hand and the official seal
of the Department of State at the City
of Albany, this 11th day of September
one thousand nine hundred and
ninety-five.



Elizabeth F. Treachwell

199509120431

FILED
95 SEP 19 AM 10:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA