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JOHN W. CERANIC, III

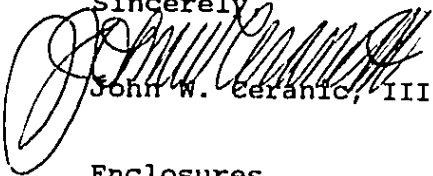
Florida Department of State
ATTENTION: Gretchen Harvey
Qualification/Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 OCT - 6 AM 10:54

Dear Gretchen:

Enclosed please find an application to transact business in Florida. Please call me upon receipt of this application.

Sincerely,


John W. Ceranic, III

Enclosures

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*****78.75 *****78.75

F95-4853

Name	JA
Availability	
Document Examiner	GSH
Updater	GSH
Updater Verifier	GSH
Acknowledgement	GSH
W. P. Verifier	GSH

TRANSMITTAL LETTER

TO: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: R. BOHN, 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:

RODNEY C BOHN
(Name of Person)
R. BOHN, INC.
(Firm/Company)
120 Gatehouse Drive
(Address)
CORAOPOLIS PA 15108
(City/State/Zip)

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

Deborah BOHN at (412) 859-0217
(Name of Person) (Area Code & Daytime Telephone Number)

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**

IN COMPLIANCE WITH SECTION 607.1501, FLORIDA STATUTES, THE FOLLOWING IS
 SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE
 STATE OF FLORIDA:

1. R. BOHN, INC.

During of corporation must include the word "INCORPORATED," "COMPANY," "CORPORATION," or words or abbreviations of like import in language as well as being certain that it is a corporation instead of a natural person or partnership if not so indicated in the name of person.)

2. Pennsylvania

(NAME OF COMPANY, STATE AND LAW OF WHICH IT IS INCORPORATED)

1, 25-1555 729

QUESTIONS

4. AUGUST 10, 1987

Chronic Disease Management

1. PERPETUAL

Don't let your company fall victim to "Personality"

LIPON QUALIFICATION

~~(Date and Transmittal Number in Florida, 1945 807, 1946 807, 1901, 807, 1902, AND 817, 1903)~~

7. 120 GATEHOUSE DRIVE

CORNWALLIS, PA 15108

(Current trading volume)

8. DAIRY FARMING

purposes 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 (P.O. Box or Mail Drop Box Not acceptable)

Name: John STUBBLEFIELD

Office Address: COUNTY ROAD 138 and U.S. 219

Belh

Florida, 32619

2500

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 relating 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 Robert Harkins
(Printed name and signature)

11. Attached is a certificate of evidence 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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JAN 11 - 6 AM 10:54

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 601, FLORIDA STATUTES, THE FOLLOWING IS
A TRUE AND CORRECT STATEMENT OF THE INFORMATION REQUIRED BY THE
STATE OF FLORIDA:

1. R. BOHN, INC.

(Name of foreign corporation as shown on its charter or certificate of incorporation or other document filed with the proper authorities of its home state or country, and the name of the state or country in which it is organized or incorporated.)

2. Pennsylvania

(State or country of incorporation)

3. 26-1555 729

(Tax identification number)

4. AUGUST 10, 1987

(Date of incorporation)

5. Perpetual

(Duration of the corporation's existence)

6. UPON QUALIFICATION

(Date and place of qualification, and the name of the state or country in which it is organized or incorporated.)

7. 120 GATEHOUSE DRIVE

CORADOLIS, PA 15108

(Current mailing address)

8. DAIRY FARMING

(Principal business or activity of the corporation as carried on in the state of Florida)

9. Name and street address of Florida registered agent (P.O. Box or Mail Drop Box NOT acceptable)

Name: John Stuarie Field

Office Address: COUNTY ROAD 138 AND U.S. 219

Bell

Florida, 32619

(Zip Code)

10. Registered agent's acceptance

Having been named as registered agent and to accept service of process for the above named 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 relating 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 Robert Stuarie Field
(Signature of registered agent)

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.

SECRETARY OF STATE
DIVISION OF CORPORATIONS
OCT-6 AM 10:54

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: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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

President: BODNEY C. BOHN

Address: 120 GATEHOUSE DRIVE

COSAPOLIS PA 15108

Vice President: Deborah A. Bohn

Address: 120 Gatehouse Drive

COSAPOLIS PA 15108

Secretary: Deborah A. Bohn

Address: (AS ABOVE)

Treasurer: _____

Address: _____

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

13. Deborah A. Bohn
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Deborah A. Bohn, VICE President
(Typed or printed name and capacity of person signing application)

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DIVISION OF CORPORATIONS
OCT 16 AM 10:54

INCORP 12-1816 (Rev. 8/3)
P. O. NO. LY COMPANY, PUN, PA 15119

Microfilm Number _____

Filed with the Department of State on: _____

Entry Number _____

Secretary of the Commonwealth

ARTICLES OF AMENDMENT-DOMESTIC BUSINESS CORPORATION

In compliance with the requirements of 15 Pa.C.S. § 1016 (relating to articles of amendment), the undersigned business corporation, desiring to amend its Articles, hereby states that:

1. The name of the corporation is: Eluony Bull Trading Corporation

2. The (a) address of this corporation's current registered office in the Commonwealth or (b) name of its commercial registered office provider and the county of venue is (the Department is hereby authorized to correct the following information to conform to the records of the Department):

(a) 1187 Thorn Run Extension, Suite 620 Coraopolis PA 15108 Allegheny
Number and Street City State Zip County

(b) 0/0/
Name of Commercial Registered Office Provider County

For a corporation represented by a commercial registered office provider, the county in (b) shall be deemed the county in which the corporation is located for venue and official publication purposes.

3. The statute by or under which it was incorporated is: Business Corporation Law of 1933

4. The date of its incorporation is: AUGUST 10, 1987

5. (Check, and if appropriate complete, one of the following):

☒ The amendment shall be effective upon filing these Articles of Amendment in the Department of State.

☐ The amendment shall be effective on: _____
Date Hour

6. (Check one of the following):

☐ The amendment was adopted by the shareholders (or members) pursuant to 15 Pa.C.S. § 1914(a) and (b).

☒ The amendment was adopted by the board of directors pursuant to 15 Pa.C.S. § 1914(c).

7. (Check, and if appropriate complete, one of the following):

☒ The amendment adopted by the corporation, set forth in full, is as follows:

The Articles of incorporation are hereby amended to provide for the changing of the name of the corporation to R. Bohn, Inc.

☐ The amendment adopted by the corporation as set forth in full in Exhibit A attached hereto and made a part hereof.

OCT -5 95

PA Dept. of State

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DIVISION OF CORPORATIONS
95 OCT -5 AM 10:54



COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

OCTOBER 06, 1995

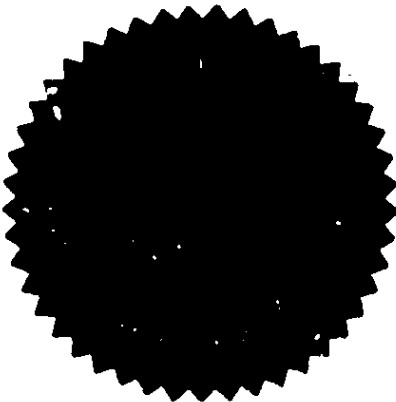
TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

R. BOHN, INC.

is duly incorporated under the laws of the Commonwealth of Pennsylvania
and remains a subsisting corporation so far as the records of this office
show, as of the date herein.

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 OCT -6 AM 10:54



IN TESTIMONY WHEREOF, I have
hereunto set my hand and caused
the Seal of the Secretary's
Office to be affixed, the day
and year above written.

Secretary of the Commonwealth

CKEI