F95000004876

(Name of corporation - must include suffix)

TO: Qualification/Tax Lien Section Division of Corporations

Dear Sir or Madam:

COURIER ADDRESS:

Division of Corporations

Tallahassee, FL 32399

409 E. Gaines St

Qualification/Tax Lien Sec.

| The enclosed "Application by Foreign Corporation for Authorization to Trar Florida", "Certificate of Existence", and check are submitted to register the a foreign corporation to transact business in Florida. | sact Business in bove referenced |
|---|---|
| Please return all correspondence concerning this matter to the following: | |
| | |
| CONNETL FLOST (Name of Person) | |
| · · · · · · · · · · · · · · · · · · · | |
| K\$ S Herbs, INC. (Firm/Company) 750/ 142ND AVENUE NOITH 692 (Address) | |
| (Firm/Company) | <u>0000001590780</u> -09/21/9501073001 |
| 7501 142ND AVENUE | *****70.00 *****70.00 |
| North 692 | |
| (Address) | 95 SEC |
| LARGO, FLA 30246 | 유전 및 기계 |
| (City/State/Zip) | ASSI |
| | |
| | F 99 (3) |
| Should you need to call someone concerning this matter, please call: | TATE ORDER |
| BONNIE J. FLOST at (813) (Name of Person) (Area Code & Davin | 726-66-57 me Telephone Number) |
| (Name of Person) (Area Code & Daytin | ne Telephone Number) |
| 404-9 | 68-0717 |
| | |

MAILING ADDRESS:

Division of Corporations

Tallahassee, FL 32314

P. O. Box 6327

Qualification/Tax Lien Section

W95-19123



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

September 22, 1995

KENNETH FROST K & S HERBS, INC. 7501 142ND AVE., N. #692 LARGO, FL 30246

SUBJECT: K & S HERBS, INC. Ref. Number: W95000019123

We have received your document for K & S HERBS, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

A photocopy of the certificate of existence is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6093.

Letter Number: 895A00043547

Freta Lott Corporate Specialist Supervisor

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:

| 1. | K45 Her6s IN | . | | | |
|--|---|--|---|------------------------------|------------------------------|
| 1 | (Name of corporation: must include the word "INCORPO] abbreviations of like import in language as will clearly indiperson or partnership if not so contained in the name at pre- | ATED", "Coate that it is | OMPANY", "CORPORA a corporation instead of | .TION" or words ■ natural | or |
| 2. | Georgia State or country under the law of which it is incorporated) | 3 | 58-210192 (FEI number, if | 8/ | |
| (3 | cate of country under the law of which it is incorporated) | | (FEI number, if | applicable) | |
| 4. | 3-1-94 (Date of Incorporation) | 5, | PerPetus/ | | |
| | | | | | ual") |
| 6. | (Date first transacted business in Florida. (SEE SECTION | 6207 IENI | 202 1502 012 122 | | |
| | (Date hist dansacted outliness in Florida. (SEE SECTION | 8,007.1301, | 007.1302, AND 817.155, | F.S.) | |
| 7 | 6163F ReyNOLDS RD | | | | |
| | · · | | | TAL SE | • |
| MOMOW, CA 30260-1139 (Current mailing address) ARC CT | | | | **** | |
| 8 | RETAIL SALES | | | CT -s PASS PASS | daying Line an Line an |
| (F | Purpose(s) of corporation authorized in home state or countrillorida) | y to be carri | ed out in the state of | PH EE, F | J. |
| 9. ľ | Name and street address of Florida registered acceptable) | | P.O. Box or Mail Dr | op Box NOT | |
| | Name: Kenweth Frost 1501 142nd Avenu | | | | |
| Offic | ce Address: NOHL 692 | | | | |
| | LARGO Pagistared agent's accentances | | 34641 | (A) | |
| | LARGO | , Flo | rida, 30246 | | |
| 10. | Registered agent's acceptance: | · | (Zip Code) | | |
| regis all si | ing been named as registered agent and to acce poration at the place designated in this applicati stered agent and agree to act in this capacity. I tatutes relative to the proper and complete perfe accept the obligations of my position as register | on, 1 nerei further ag Ormance o | by accept the appoin | ilment as the provisions | of h |
| | Semeth (Registered agen | Y // Signature) | Ł | | |
| 0 | Attached is a certificate of existence duly authen delivery of this application to the Department of official having custody of corporate records in the ncorporated. | State by ti | he Secretary of State | P OF Other | |

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: Kenneth Frost Address: 1501 1424 Ave North 692, LARGO, FLA 30246 Vice Chairman:_____ Acdress: Director: BUNNIE J. FLOST Address: 7501 142 mf Ave, North 692, LARGO, FLA 30246 Director: Address: _____ B. OFFICERS (Street address only- P. O. Box NOT acceptable) President: Kenneth Frost Address: 7501 142rd Aug, North 692, LARGO, FLA Vice President: Bonge J. Frost Address: 7501 142nd AVE, North 692, LARGO, FLA ES. Secretary: _____ Address: Treasurer: 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) 14. Lenneth Flost Resident
(Typed or printed name and capacity of person signing application)

Secretary of State Business Information and Services Suite 315, West Comer 2 Martin Luther King Ir. Dr.

Atlanta, Georgia 30334-1530

DOCKET NUMBER : 952510591
CONTROL NUMBER : 9410168
DATE INC/AUTH/FILED: 04/04/1994
JURISDICTION : GEORGIA
PRINT DATE : 09/08/1995

FORM NUMBER : 211

KENNETH FROST 6163-F REYNOLDS RD MORROW GA 30260 95 OCT -9 PH 9: 57
SECRETARY OF STATE
TALL AHASSEE. FLORIDA

CERTIFICATE OF EXISTENCE

I, MAX C' IND, Secretary of State of the State of Georgia, do hereby certify under the I of my office that

K & S HERBS, INC. A DOMESTIC PROFIT CORFORATION

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation, or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of ommencement of winding up, or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

MAX CLELAND

MAX CLELAND SECRETARY OF STATE



CORPORATIONS 656-2817 CORPORATIONS HOT LINE 404-656-2722 Outside Metro-#flanta