MI ALL THE SOS

Qualification/Tax Lien Section TO

Division of Corporations Duc - FAST MID ATLANTIC Compliany
(Name of corporation - must include suffix) Dear Sir or Madam: -11/14/95--01006--009 Please return all correspondence concerning this matter to the following: JAMES P BACHMAN (Name of Person) Que TAST MID-ATLANTIZ Company

(Firm/Company)

Que MENDENHALI COURT

(Address) Columsia, Mid - 21045

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

-JAMES P. BACHMAN at (410) 175-65344

(Name of Person) (Area Code & Daytime Telephone Number)

COURIER ADDRESS:

Oualification/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 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	(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 present of particular of a natural present of a natu
	person of partnership it not so contained in the name at present)
2	(State or country under the law of which it is incorporated) 3. 52-0304409 (FEI number, if applicable)
4	(Date of Incorporation) (Duration: Y a corp. will cease to exist or "perpetual")
6	(Duration: Y a corp. will cease to exist or "perpetual") Affic X mx; EZY TO SEG N NOVEMBER NO 1995— (Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.)
	9001 MENDENHALL (CURT
	(Current mailing address)
	(Current mailing address)
8.	(Purpose(s) of corporation authorized in home state or country to be carried out in the state of
	Florida)
	Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
	Name: JEFFREY L. MITCHELL.
Off	fice Address: 4629 PANORAMA AVE
10	Revistered agent's accompany, Florida, 346%
	rogater of agent's acceptance:
auz	ving been named as registered agent and to accept service of process for the above stated poration at the place designated in this application, I hereby accept the appointment as istered agent and agree to act in this capacity. I further agree to comply with the provisions of statutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent.
	(Registered agent's signature)
]]. (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 neorganical having custody of corporate records in the jurisdiction under the law of which it is

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 A Keili Millener!
Address 1301/2 KIUEK HILLS RD MIDIOTHIAN 14 23113
Vice Chairman:
Address:
Director: JETTHEY L. MITCHELL.
Address: 255 Kut DES LACS TARBY SIRWES, FLA 341.39
Director: JAMES P BACHMAN
Address: 609 SHERRY DR. ELXEBBURG, MD - 21734
B. OFFICERS (Street address only- P. O. Box NOT acceptable)
President: A KENT MITCHELL
Address: 13040 RIVER HILLS RD
MIDLETAIAN, VA - 23113
Vice President: JETTLEY C. MITCHELL.
Address: 25.5 Rue Des Lacs
TARAW SPRINGS FLUX.DA - 34139
Secretary: JETREV L. MITCHELL
Address: 255 KuE DES LACS
TARPIN SPRINGS, 12200A-34139
PSS. Treasurer Aprics / DACHM 1/
Address: (09 SHERRY DR ELECTION, MD 21-34
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)
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
14 JAMES / BACHMAN HSS. START TEANCER (Typed or printed name and capacity of person signing application)
(Typed or printed name and capacity of person signing application)

STATE OF MARYLAND

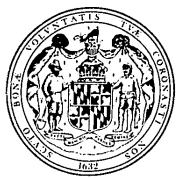
396003

STATE DEPARTMENT OF ASSESSMENTS AND TAXATION

301 West Pres, in Street Baltimore, Marxhard 21201

I NAMEY GRUENINGER OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXALION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT SAID DEPARTMENT, BY THE LAWS OF SAID STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATE CHARTERS, OR OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE; AND I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE

I FURTHER CERTIFY THAT DUO-FAST MID-ATLANTIC COMPANY IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF MARYLAND AND SAID CORPORATION HAS FILED. ANNHAL REPORTS REQUIRED, HAS NO OHISTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN THE STATE



IN WITNESS WHEREOF, I HAVE HEREUNTO SET MY HAND AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT HALTIMORE THAS TITH DAY OF DI TORER, 1995

 $AT5 \sim 031$