F950000055585

TO Qualification/Tax Lien Section Division of Corporations	,
SUBJECT: (Name of corporation - must include suffix)	i
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Authorization to Transa Florida", "Certificate of Existence", and check are submitted to register the aboreign corporation to transact business in Florida.	act Business in ove referenced
Please return all correspondence concerning this matter to the following:	44
(Name of Person)	is45-20544
(Firm/Company)	<u> </u>
(Address)	—— 35 kg
City/State/Zip)	1951/07 1 6 17
Should you need to call someone concerning this matter, please call:	9: 56
(Name of Person) at (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, 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 *INCORPOR abbreviations of like import in language as will clearly indicaperson or partnership if not so contained in the name at president	ATED", "COMPANY", "CORPORATION" or words or ite that it is a corporation instead of a natural ent.)
2. (State or country under the law of which it is incorporated)	3. (FEI number, if applicable)
4. (Date of Incorporation)	5. (Duration: Year corp. will cease to exist or "carpatual")
6. (Date first transacted business in Florida. (SEE SECTIONS	607.1501, 607.1502, AND 817.155, F.S.)
7. 1/1 Nove	
(Current mailing	address)
(Purpose(s) of corporation authorized in home state or country Florida)	at a to the growth to be the sail
Florida)	to be carried out in the state of
 Name and street address of Florida registered a acceptable) 	gent: (P.O. Box or Mail Drop Box NOT
Name: 100 ()	~ <u>~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ </u>
Office Address: 1/2 / 1/2 / 1/2 / 1/2	
10. Registered agent's acceptance:	, Florida ,
10. Registered agent's acceptance:	(Zip Code)
Having been named as registered agent and to accept corporation at the place designated in this application registered agent and agree to act in this capacity. I full statutes relative to the proper and complete performand accept the obligations of my position as registered	service of process for the above stated . I hereby accept the appointment as rther agree to comply with the provisions of nance of my duties, and I am familiar wit
(A. a.)	Yr. L
(Registered agént's: 11. Attached is a certificate of existence duly authentic delivery of this application to the Department of State official having custody of corporate records in the juncorporated.	

12 Names and addresses of officers and/or directors (Street address ONLY-P O Bo NOT acceptable)	X
A. DIRECTORS (Street address only- P. O. Box NOT acceptable)	
Chairman t 1/1	
Address Addres	
Vice Chairman 1 1 C A h 1 C f 1 1	
Address of the transfer of Artic Protect of the Society	
Director:	
Address:	95 51
Director	<u> </u>
Director:Address:	
Address:	٠ پـــــ
B. OFFICERS (Street address only- P. O. Box NOT acceptable)	
President: Alexander Alexander	
Address: 530 Hololon Kill day	
P_{ij}	
Vice President: Dans W. War free	
Address:	
- Parklard FE 33067	
Secretary: Danise W. Martin	—
Address: 5801 Holmberg Rd 3011	
- Markland Fr 33667	
Treasurer:Stephen A. Martin	
Address: 5851 Holomberg Rd #211 Parkland II 370	$\overline{\gamma}_{I}$
NOTE: If necessary, you may attach an addendum to the application listing additional	'
13. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)	
Chairman, Vice Chairman, or any officer listed in number 12 of the application)	
14	
(Typed or printed name and capacity of person signing application)	-

STATE OF MARYLAND

395551

PREFERENCE FOR THE PROPERTY OF THE PROPERTY OF

STATE DEPARTMENT OF ASSESSMENTS AND TAXATION

301 West Preston Street Bultimore Maryland 21201

I, JACQUELINE C JAMES OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HERBY CERTIFY THAT SAID DEPARTMENT, BY THE LAWS OF SAID STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFELLURE 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 MARTIN'S MOVING & TRUCKING, INC.

1S A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND SAID CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS. AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OF CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN THE STATE OF MARYLAND.

95 16 HV ST ADH S6



IN WITNESS WHEREOF, I HAVE HEREUNTO SET MY HAND AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE THIS 19TH DAY OF OCTOBER, 1995.

JACQUÉTTNE C JAMÉS OFFICE SUPERVISOR I

AT5-031

THE CONTRACTOR OF THE SECOND S