[75000006007]

TO: Qualification/Tax Lien Section Division of Corporations
SUBJECT: 11/1 /wc. (Name of corporation - must include suffix) 800001834858 -11/14/9501006005
Dear Sir or Madam: *****78.75 *****78.75
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: $W95-22502$
JAN V. ECLIOTI - CLUNINGHAM (Name of Person)
Till he
(Firm/Company) 18167 US 19 North Sule 468 P. S.
CLEARWATER FLORIDA 34624 CCITY/State/Zip) 95
Should you need to call someone concerning this matter, please call:
TAN V. ELLIOTI - CULHINCHAM. at (813) 539 - 1844 (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



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

November 14, 1995

IAN V. ELLIOT-CUNNINGHAM TIKI, INC. 18167 US 19 NORTH SUITE 468 CLEARWATER, FL 34624

SUBJECT: TIKI, INC.

Ref. Number: W95000022502

We have received your document for TIKI, INC. and your check(s) totaling \$78.75. However, the document has not been filed and is being retained in this office for the following:

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the DOCUMENT SPECIALIST indicated.

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) 487-6958.

Lee Rivers Document Examiner

Letter Number: 995A00050441

RESOLUTION OF BOARD OF DIRECTORS

i, the undersigned IAN ELLIOTT-CUNNINGHAM	, do hereby certify
that this Resolution of the Board of Directors of TIKL INC.	
a corporation duly organized and existing under the laws of the State	of KENTUCKY P
was duly adopted on	FILED ON OF CORF
Resolved, that <u>TIKI, INC.</u> and existing in the State of <u>KENTUCKY</u> , the state of	organized of Salar
:	for use in Florida.
Dated: 12/195 Signature of	at least one director

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:

1TINI he	
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natu person or partnership if not so contained in the name at present.)	N" or words or ral
2. LENTUCKY (State or country under the law of which it is incorporated) 3. 61-123220 (FEI number, if applie	8
4. November 23, 1992 S. Perpetual (Date of Incorporation) (Duration: Year corp. will cease to exis	95 C
6. (Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.)	or purpetual of AR
718167 US 19 North Sule 468	AM 9: 53
CLEARWATER FLORIDA, 34624 (Current mailing address)	55 OF S
(Current mailing address)	
8. FRANCHIER OF CARPET CLEANING FRANCH (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)	UEI.
(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: (P.O. Box or Mail Drop B acceptable)	ox <u>NOT</u>
Name: IAN V. ELLIOTI- CLINNINGHAM	
Office Address: 18167 US 19 North Sule 468	
CLEARWATER, Florida, 34624	
10. Registered agent's acceptance: (Zip Code)	,
Having been named as registered agent and to accept service of process for the above corporation at the place designated in this application, I hereby accept the appointment registered agent and agree to act in this capacity. I further agree to comply with the proper and statutes relative to the proper and complete performance of my duties, and I am familiary and accept the obligations of my position as registered agent.	stated It as rovisions of niliar with
(Registered agent's signature)	

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.

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: JAN J. KCLIOTT-CLWNINGHAM
Address: 2676 GLENEAGLES DRIVE
CLEARWATER FLORIDA 34621
Vice President:
Address: N/A.
Secretary: TAMMA L. DLIOTI- CUNNINGHAM
Address: 2676 CLENEAGLES DRIVE
CLEARWATER FLORIDA 34621
Treasurer: TAMMA L. ELCIOT-CUNNINCHAM
Address: 2676 CIENTACIET DR. CLEARNATER FC 34621
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
13. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
14. JAN V. FLUCTT- CUNNINGHAM PRESIDENT (Typed or printed name and capacity of person signing application)
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OFFICE OF THE SECRETARY OF STATE

CERTIFICATE OF EXISTENCE DOMESTIC CORPORATION



I, BOB BABBAGE, Secretary of State of the Commonwealth of Kentucky, do hereby certify, that according to the records in the office of the Secretary of State
of the Commonwealth of Kentucky,TIKI, INC.
is a corporation organized and existing under the laws of the Commonwealth of Kentucky, whose date of incorporation isNOVEMBER 23, 1992 ;
and whose period of duration is PEREPTUAL .
I further certify, that said corporation has paid all fees due and owing to the office of the Secretary of State of the Commonwealth of Kentucky to date; has delivered to the Secretary of State its most recent annual report, as required by KRS 271B.16-220 or 273.3671; and has not filed articles of dissolution.
IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal, at Frankfort, Kentucky, this <u>21ST</u> day of <u>AUGUST</u> , 19 <u>95</u> .

BOB BABBAGE Secretary of State

Commonwealth of Kentucky

ТB

[KIW] CAMPE SERVING OO 600 [Corporate | Please 1-000-577-1551 Fax: 1-000-390-3300

TIM of PINECLAS INC.

document 4 595 000066007

Alean note our now corporate office address

Your Podhfully, Ian J. Elliuth-Cumangham PRES DENT

Updated, sent Mainfo