

CONTACT:

**F96000000 242**

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 (Requestor's Name)  
**526 EAST PARK AVENUE SUITE 200**  
 (Address)  
**TALLAHASSEE, FL 32301 (904) 681-6528**  
 (City, State, Zip) (Phone #)

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CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

500001689025  
 -01/16/96--01007--024  
 \*\*\*\*122.50 \*\*\*\*122.50

1. Leaf Management Systems - Inc.  
 (Corporation Name) (Document #)
2. \_\_\_\_\_  
 (Corporation Name) (Document #)
3. \_\_\_\_\_  
 (Corporation Name) (Document #)
4. \_\_\_\_\_  
 (Corporation Name) (Document #)

- Walk in     Pick up time \_\_\_\_\_     Certified Copy
- Mail out     Will wait     Photocopy     Certificate of Status
- CERTIFICATE OF GOOD STANDING

FILED STATE SECRETARY OF CORPORATIONS  
 DIVISION OF CORPORATIONS  
 96 JAN 16 AM 9:34 RECEIVED  
 RUSH  
 DIVISION OF CORPORATIONS  
 96 JAN 16 AM 8:19  
 ARTICLE ONLY  
 CHARTER DOCS  
 FICTITIOUS NAME SEARCH  
 CORP SEARCH

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input checked="" type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

**HOLD FOR PICKUP BY UCC SERVICES**

Examiner's Initials

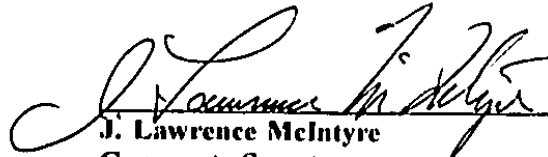
**RESOLUTION**

**WHEREAS, the name of this corporation is presently being used by another corporation or business in the State of Florida, and**

**WHEREAS, the corporation cannot obtain the use of this name,**

**THEREFORE, BE IT RESOLVED, that this Corporation shall use the assumed name, Turf Management Systems of MN, Inc., for transacting business in the State of Florida.**

**APPROVED on January 12, 1996, by a 100% vote of the Directors of Turf Management Systems, Inc.**

  
**J. Lawrence McIntyre**  
**Corporate Secretary**

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**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**  
**96 JAN 16 AM 9:11**

**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. Turf Management Systems, Inc.  
(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 person or partnership if not so contained in the name at present.)

2. Minnesota 3. To be applied for  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 12/29/95 5. Perpetual  
(Date of incorporation) (Duration: Year; corp. will cease to exist or 'perpetual')

6. Have not as yet  
(Date first transacted business in Florida. (See sections 607.1001, 607.1502, and 617.155, F.S.))

7. 8111 Lyndale Avenue South  
Bloomington, MN 55420-1196  
(Current mailing address)

8. General Business Purposes  
(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:**

Name: NRAI Services, Inc.

Office Address: 526 E. Park Avenue

Tallahassee, Florida, 32301  
(Zip Code)

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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

Sue Brodtmann

(Registered agent's signature)

Sue Brodtmann, Assistant Secretary

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.

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12. Names and addresses of officers and/or directors:

A. DIRECTORS

Chairman: Kendrick H. Mulrooney

Address: 8111 Lyndale Avenue South  
Bloomington, MN 55420-1196

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: Gerald T. Knight

Address: 8111 Lyndale Avenue South  
Bloomington, MN 55420-1196

Director: \_\_\_\_\_

Address: \_\_\_\_\_

B. OFFICERS

President: Ram N. Kumar

Address: 8111 Lyndale Avenue South  
Bloomington, MN 55420-1196

Vice President: Max A. Brown

Address: 5610 Northwest Twelfth Ave., Suite 211  
Ft. Lauderdale, FL 33309

Secretary: J. Lawrence McIntyre

Address: 8111 Lyndale Avenue South  
Bloomington, MN 55420-1196

Treasurer: Gerald T. Knight

Address: 8111 Lyndale Avenue South  
Bloomington, MN 55420-1196

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. J. Lawrence McIntyre, Secretary  
(Typed or printed name and capacity of person signing application)

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State of Minnesota

**SECRETARY OF STATE**

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96 JAN 16 AM 9:11

Certificate of Good Standing

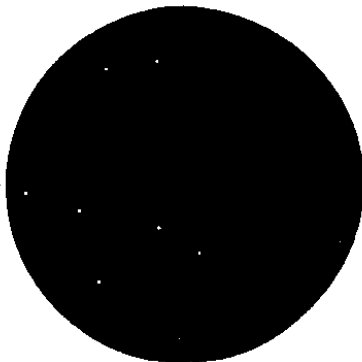
I, Joan Anderson Grove, Secretary of State of Minnesota, do certify that: The corporation listed below is a corporation formed under the laws of Minnesota; that the corporation was formed by the filing of Articles of Incorporation with the Office of the Secretary of State on the date listed below; that the corporation is governed by the chapter of Minnesota Statutes listed below; and that this corporation is authorized to do business as a corporation at the time this certificate is issued.

Name: Turf Management Systems, Inc.

Date Formed: 12/29/1995

Chapter Governed By: 302A

This certificate has been issued on 01/10/96.



*Joan Anderson Grove*  
Secretary of State.