# TO: Qualification/Tax Lien Section Division of Corporations

Name of corporation - must include suffix)

500001710255

SUBJECT: Bob + Jca

**COURIER ADDRESS:** 

Qualification/Tax Lien Sec. Division of Corporations

409 E. Gaines St Tallahassee, FL 32399

Dear Sir or Madam:	~U27U8795~~U1U47~~006 *****70.00 *****70.00
The enclosed "Application by Foreign Corporation for Authorization to Florida", "Certificate of Existence", and check are submitted to register foreign corporation to transact business in Florida.	Transact Business in the above referenced
Please return all correspondence concerning this matter to the following	
Name of Person)	
(Firm/Company)	Cruises.
4737 GUIF BLVD. (Address)	FEB -8 CAETAR
ST. Peton-burge Bench, Fla. 33706 (City/State/Zip)	E.F.
	P: 32 CORIDA
Should you need to call someone concerning this matter, please call:	A CONTRACTOR OF THE PARTY OF TH
(Name of Person) at ( \$13	) 3.3-4600 Daytime Telephone Number)

**MAILING ADDRESS:** 

Tallahassee, FL 32314

Qualification/Tax Lien Section Division of Corporations P. O. Box 6327

### 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. Boby Jean's Tag.		•	
(Name of corporation: must include the word "INCORPOR abbreviations of like import in language as will clearly indice person or partnership if not so contained in the name at pre-	RATED", "COMPANY", "CORPORA cate that it is a corporation instead of a sent.)	TION" or we natural	ords or
2. State or country under the law of which it is incorporated)	3.		
(State or country under the law of which it is incorporated)	3. (FEI number, if applicable)		
4. S/11/78 (Date of Incorporation)	5lerletual		
(Date of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")		
6. Waitric to Finalize all decement. (Date first transacted business in Florida. (See sections	5 1607,1501,607,1502, AND R17,155,1	-	
7. 4737 GUIF BLVD.			
St. Petersbuse, Flo. 33206.		<b>5</b> 60	
(Current mailing	address)		<u> </u>
8. CHARTER MAT DUSINESS		AHAS KETAI	
(Purpose(s) of corporation authorized in home state or country Florida)	to be carried out in the state of	<del>_</del>	3
Name and street address of Florida registered a acceptable)	agent: (P.O. Box or Mail Dro	P Book NO	T Car
Name: Jean Pearson		BR N	<b>)</b>
Office Address: 4737 Gulf BLVD.			
ST. Peters burch Bench	, Florida		
10. Registered agent's acceptance:	(Zip Code)	<del></del>	
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 final statutes relative to the proper and complete performand accept the obligations of my position as registered	service of process for the abo n, I hereby accept the appointn orther agree to comply with the mance of my duties, and I am j d agent.	ve stated nent as provision familiar w	ıs of ith

(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: Jean Pearcon Address: 4727 Gulf BLVD. St. Petrusbung Bent Fla. 33706 Vice Chairman: Address: \_\_ Diector Director: \_\_\_\_\_ Address: Director: \_ Address: \_\_\_ B. OFFICERS (Street address only- P. O. Box NOT acceptable) President: \_\_\_\_\_ Address: \_\_\_ Vice President: \_\_\_\_\_ Address: \_\_ 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. <u>Jean Peaceon</u>
(Typed or printed name and capacity of person signing application)

## State of Minnesor

#### SECRETARY OF STATE

#### Certificate of Good Standing

I, Joan Anderson Growe, 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

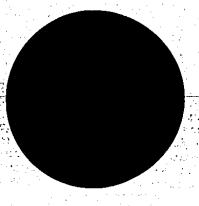
Name: Bob and Jean's, Inc.

Date Formed: 05/11/1978

Chapter Governed By: 302A

This certificate has been issued on 01/30/96.

SECRETARY OF STATE TALLAHASSEE. FLORIDA



Joan anderson Grosse Secretary of State.