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### TRANSMITTAL LETTER

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Should	you n	eed to cal	l some	ne concern	ing this nu	itter, please	Cail:		25 E
Jo	)H ₩	M. Name of	BU	SMI		at (_	954	563 Daytime Telephon	-1671
		(Name of	Person)			(At	rea Code & I	Jaylane Telephon	e (vumboer)

#### **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 602, 1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. ,	T	HE B	UPNI G	and of	JNC	nami, mar a majo kata na kanisi na na aka da saka saka kata da mara ka ma
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9	acceptable)				P.O. Box of Mail Dr	ob pox 401
	Name _	JUHN	m Bu	EN?		
Off	ice Address: _	3537	NE YO	1.17.		
		FORT	Homera	F. Flo	orida , <u>3550</u> 5 (Zip Code)	
	Registered a	agent's accept	ance:			5 22
411	ATTICL TOXILI	THE RESIDENCE AND THE PROPERTY.	y position as regi	stered agent.		niment as is in the provisions of imministration of imministrations of information with
		<u> 1846 - Francisco III (1860 - 1868 - 1868 - 1868 - 1868 - 1868 - 1868 - 1868 - 1868 - 1868 - 1868 - 1868 - 18</u>	Registered	Lyoni's supporture	<u>7</u> :	
11	Attached is a delivery of the official havin incorporated	is application to a custody of co	existence duly aut a the Department apporate records i	henticated, n of State, by n the jurisdict	of more than 90 day the Secretary of Sta tion under the law o	s prior to te or other f which it is

A. DIMEC	and addresses of officers and/or directors. (Street: address ONLY: P. O. Bos. STORN (Street address only: P. O., Bos. NOT acceptable)
Chairman	Till or Allow
Address:	2537 N.F. WILL STEFFT FT. INVOERDALE, I'L STEO
Vice Chairm	
Address:	MA TO THE RESIDENCE OF THE PARTY OF THE PART
Director:	
Director.	NA
B. OFFICI	MS (Street address only- P. O. Bas NOT acceptable)
President:	JOHN M. BURNS
Address:	FOR LOJOGRANG FL 33309
	NA NA
Secretary:	N/A
Treasurer:	N/A
Address:	
NOTE: If a	or directors.  Our M. Sugna.
(3)	gristure of Chairman, Vale Chairman, or any officer listed in number 12 of the application)
14	TOHN M. GURNS  (Typed or printed name and capacity of person arguing application)

## State of Minnesota

### SECRETARY OF STATE

#### Certificate of Good Standing

1, 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 issued.

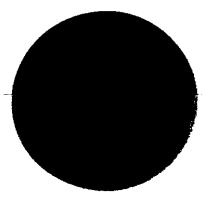
Name: THE BURNS CROUP INC.

Date Formed: 12/20/1993

Chapter Governed By: 102A

This certificate has been issued on 03/01/96.

DATE OF THE PROPERTY OF THE PARTY OF THE PAR



Joan Anderson Grove Secretary of State