# TO: Qualification Tax Lien Section Division of Corporations SUBJECT: THE MANAME CORPORATION (Name of corporation - must include suffix) Dear Sir or Madam: 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:

MARK N. BACON (Name of Person)		
THE MARLANE CORPORATION	DIVIS 96 A	
(Firm/Company)	SIGN I	
1509 MAPLEVIEW DR. (Address)	FILE MRY COR	kg11
(Address)	FH 2:	1.3
CARROLLTON TX: 75007 (City/State/Zip)	WE NOWS	

Should you need to call someone concerning this matter, please call:

MARK N. BACON at (2/4) 394-0435
(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

# 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. <del>(</del> (	Name of corporation: must include the word "INCORPOR breviations of like import in language as will clearly indicate the control of the contr	CCRAC	KATICIV ANY"."CORPORATI	ON" or words or
ab pe	breviations of like import in language as will clearly indic rson or partnership if not so contained in the name at pre-	ate that it is a corsent.)	poration instead of a n	itural
2. (Sia	DELA WARE te or country under the law of which it is incorporated)	3	71-0785 (FEI number, if app	568
	• •		•	•
	(Date of Incorporation)	(Duration: Yes	Lr corp. will cease to ex	cist or "perpetual")
6	(Date first transacted business in Florida. (SEE SECTIONS	6		
	(Date first transacted business in Florida. (SEE SECTIONS	607.1501,607.1	502, AND 817.155, F.S	5.)
	1509 Mapleview [			<del></del>
	Carrollton TX -	15007		
^	(Current mailin	g address)	corpora -110	ns maube
(-)	ACT CALLACT LICE BY A CAPITAL AS	or control	1	71 + 1
Carrollton TX 75007  (Current mailing address)  Any Landul act are actively for which corporations maybe  8. organized under the General Corporation Law of Florida  (Purpose(s) of corporation authorized in home state or country to be carried out in the state of				
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)				
	Name: MARK BACON			SECRETARY OF STATE DIVISION OF CORPORATION 96 APR    FH 2: 32
Office	Address: 40-71 S. FLCRIDA-AU	<u> </u>		R II
	LANEI AND E	<b>7</b> 1 11	220/2	<b>3</b> 3 4 5
	HAKELAND, FL.	, Flonda	, <u>270(*)</u> (Zip Code)	- 2: RAT
10. K	egistered agent's acceptance:		, ,,	32 E
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.				
	Man N. S. (Registered agonit's	CO s signature)	<del></del>	

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: \_\_\_\_ Address: \_\_\_\_ Vice President: MA Address: \_\_\_ 75007 Secretary: \_ Address: \_ Treasurer: \_ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

Chairman, of any officer listed in number 12 of the application)

(Typed or printed name and capacity of person signing application)

## 'State of Delaware

PAGE 1

# Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "THE MARLANE CORPORATION" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTEENTH DAY OF MARCH, A.D. 1996.

DIVISION OF CORPORATIONS

96 APR 11 PH 2: 32

Edward J. Freel, Secretary of State

AUTHENTICATION: 7868265

DATE: 03-15-96

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# TO: Qualification rax Lien Section Division of Corporations SUBJECT: THE MARIANE CORPORATION (Name of corporation - must include suffix) Dear Sir or Madam: 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:

MARK N. BACON (Name of Person)	_	
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THE MARLANE CORPORATION (Firm/Company)	SECRE VISION 6 APR	
		141
1509 MAPLEVIEW DR. (Address)	. Ha	\[\frac{1}{2}\frac{1}{
	ST.	,
CARROLLTON TX. 75007	TIONS	

Should you need to call someone concerning this matter, please call:

MARK N. BACON at (2/4) 394-0435 (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:

1. THE MARLANE	CCRACKATION			
(Name of corporation: must include the word "INCORPOR abbreviations of like import in language as will clearly indic person or partnership if not so contained in the name at pre	RATED", "COMPANY", "CORPORATION" or words or cate that it is a corporation instead of a natural sent.)			
2. DELAWARE (State or country under the law of which it is incorporated)	3. 71-0785568			
• •	( manos, a approacte)			
4. 2-9-9 (Date of Incorporation)	(Duration: Year corp. will cease to exist or "perpetual")			
6. Date first transacted business in Florida. (SEE SECTIONS	6607 1501 607 1502 AND 817 155 E 83			
7. 1509 Mapleview [	)r			
Carrollton TX -	15007			
(Current mailin Any Landal act or a chirty of 8. erganized under the General C (Purpose(s) of corporation authorized in home state or country Florida)	g address)			
Any Landal act or a chillery de	or which corporations maybe			
8. organized under the General C	-orporation can of I-lorida			
Florida)	y to be carried out in the state of			
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)				
Name: MARK BACON	SEC 96 AF			
Office Address: 40-71 S. FLCRIDA-AU	APR I			
HAKELAND, FL.	FH 2: 32 (Zip Code)			
10. Registered agent's acceptance:	(Zip Code)			
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.				
Min (Registered agont's				

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) MAPLEVIEW DR. CARRCLLTON, TX. Address: \_\_\_\_\_ Vice Chairman:\_\_\_ Address: \_\_\_\_ Director: Address: \_\_\_ Director: \_\_\_ Address: B. OFFICERS (Street address only- P. O. Box NOT acceptable) President: MARK Address: \_\_\_\_\_ 7*500* 7 Vice President: MA Address: \_\_\_\_ X. 75007 Secretary: \_ Address: Treasurer: Address: \_ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

Chairman of any officer listed in number 12 of the application)

(Typed or printed name and capacity of person signing application)

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DIVISION OF CORPORATION

96 APR 11 PH 2: 22



Edward J. Freel, Secretary of State

AUTHENTICATION:

7868265

DATE:

03-15-96

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