

# F96000001979

TRANSMITTAL LETTER

TO: QUALIFICATION/TAX LIEN SECTION  
DIVISION OF CORPORATIONS

SUBJECT: FUNK CONCEPT DISTRIBUTING INC.  
(Name of corporation - must include suffix)

W76-1051

400001766204  
-04/02/96--01053--010  
\*\*\*\*70.00 \*\*\*\*70.00

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:

ROBERT W. BLAKE PRESIDENT  
FUNK CONCEPT  
C/O ROBERT BLAKE  
1076 CHESTELFIELD CIRCLE  
WINTER SPRINGS FLA. 32708  
(City, State and Zip Code)

423

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

ROBERT W. BLAKE at (407) 695-9179  
(Name of Person) Area Code & Daytime Telephone Number  
N.H. 603-357

SECRETARY G. SHAW  
TALLAHASSEE, FLORIDA

96 APR 23 AM 9:12

FILED

COURIER ADDRESS:

Qualification/Tax Lien Sec.  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Sec.  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314



**FLORIDA DEPARTMENT OF STATE**  
**Sandra B. Mortham**  
Secretary of State

April 2, 1996

**ROBERT W BLAKE**  
**FULL CONCEPT DISTRIBUTING INC**  
**120 EMERALD ST, PO BOX 143**  
**KEENE, NH 03431**

**SUBJECT: FULL CONCEPT DISTRIBUTING, INC.**  
**Ref. Number: W96000007051**

We have received your document for FULL CONCEPT DISTRIBUTING, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the Federal Employer Identification number in the appropriate section of the application. If applied for, enter "applied for", or if not applicable, enter "N/A".

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

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) 487-6094.

Doug Dickinson  
Document Specialist

Letter Number: 696A00014978

**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. FLUX CONCEPT DISTRIBUTING, 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. NEW HAMPSHIRE 3. 02-0410299  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. APRIL 3TH 1987 5. PERPETUAL  
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. I HAVE NOT AS OF 3-13-96 UNTIL I RECEIVE THIS  
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.155, F.S.) BACK.
7. 1076 CHESTERFIELD CIRCLE (ROBERT BLAKE)  
WINTER SPRINGS FL. 32708  
(Current mailing address)
8. WHOLESALE SMOKE PEEF JERKY MONOPOLIES TO CONVENIENT  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida) STORES
9. **Name and street address of Florida registered agent:**  
Name: LORI E. BLAKE  
Office Address: 1076 CHESTERFIELD CIRCLE  
WINTER SPRINGS, Florida, 32708  
(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.*

Lori E. Blake  
(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:

A. DIRECTORS

Chairman: ROBERT BLAKE  
Address: 1076 CHESTERFIELD CIRCLE  
WINTER SPRINGS FL. 32708  
Vice Chairman: \_\_\_\_\_  
Address: \_\_\_\_\_  
Director: \_\_\_\_\_  
Address: \_\_\_\_\_  
Director: \_\_\_\_\_  
Address: \_\_\_\_\_

B. OFFICERS

President: ROBERT BLAKE  
Address: 1076 CHESTERFIELD CIRCLE  
WINTER SPRINGS FL. 32708  
Vice President: \_\_\_\_\_  
Address: \_\_\_\_\_  
Secretary: \_\_\_\_\_  
Address: \_\_\_\_\_  
Treasurer: \_\_\_\_\_  
Address: \_\_\_\_\_

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TALLAHASSEE, FLORIDA

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Robert W. Blake  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. ROBERT W. BLAKE  
(Typed or printed name and capacity of person signing application)

**State of New Hampshire**  
**Department of State**

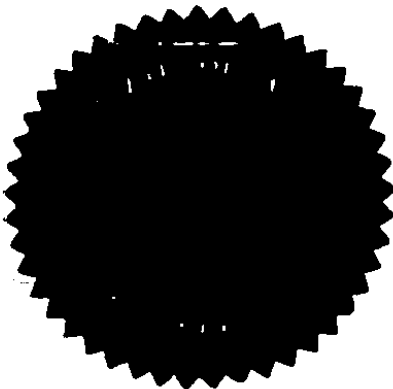
**CERTIFICATE OF EXISTENCE**

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that FULL CONCEPT DISTRIBUTING, INC. is a New Hampshire corporation duly incorporated under the laws of the State of New Hampshire on April 8, 1987. I further certify that all fees and annual reports required by the Secretary of State's office have been received and that articles of dissolution have not been filed.

IN TESTIMONY WHEREOF, I hereto  
set my hand and cause to be affixed  
the Seal of the State of New Hampshire,  
this 1st day of February, A.D. 1996

*William M. Gardner*

William M. Gardner  
Secretary of State



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA