) (I) (SATION 2220

TO: Qualification/l'ax Lien Section **Division of Corporations**

Argonaut Development Group, Inc. SUBJECT: (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:

(Name of Person) #####70**.**00 Thompson & Waldron (Firm/Company) 1055 North Fairfax Street, 4th Floor (Address) Alexandria, VA 22314 (City/State/Zip)

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

Paul L. Waldron 684-3340 (Name of Person)

COURIER ADDRESS:

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

MAILING ADDRESS:

Area Code & Daytime Telephone Number)

(Area Code & Daytime Telephone Number)

Sign of Sign of Corporations

Box 6327

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

AFFIDAVIT OF ARGONAUT DEVELOPMENT GROUP, INC.

- I, Robert A. Butler, being duly sworn do depose and say:
- 1. I am President of Argonaut Development Group, Inc., a Florida Corporation.
- 2. Argonaut Development Group, Inc. is entering into the dissolution of its status as a Florida Corporation.
- 3. Argonaut Development Group, Inc. does not intend to revoke its dissolution in Florida.
- 4. Argonaut Development Group, Inc. hereby requests that the Secretary of State release the name Argonaut Development Group, Inc. for use in Florida.

Robert A. Butler

Subscribed and sworn to before me this 15t day of May

1996

Notary Public

My Commission Expires: 07/31/96

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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.	Argonaut Dovglopment Group, 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,	Dolaware 3. (State or country under the law of which it is incorporated) (FEI number, if applicable)	
4.	March 7, 1996 (Date of Incorporation) 5. perpetual (Duration: Year corp. will cease to exist or "perpetual")	
6.	N/A (Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.)	
7.	15 East North Street	
	Dover, Delaware 19903	SECRE
	(Current mailing address)	유탈고
R.	to engage in any lawful activities	
	(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)	25.
9.	Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box Name; Robert A. Butler	TIONS
	Office Address: 3900 South Roosevelt Road	
	Key West , Florida, 33040	
lO.	. Registered agent's acceptance: (Zip Code)	
reg ull und	tiving been named as registered agent and to accept service of process for the above starposition at the place designated in this application, I hereby accept the appointment gisters I agent and agree to act in this capacity. I further agree to comply with the provision startings relative to the proper and complete performance of my duties, and I am familiar and accept the obligations of my position as registered agent. (Registered agent's signature)	as
1.	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: _ Robort A. Butlor Paul L. Waldron Vice Chairman: Address: 6 Thompson + Was ron: 1055 V. Friston St. 418 Flace Director: Address: Director: Address: B. OFFICERS (Street address only- P. O. Box NOT acceptable) Robert A. Butler President: MIENNA, VA 22182 Paul L. Waldron Vice President: 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) Robert A. Butler, Pres.

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

State of Delaware Office of the Secretary of State

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I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ARGONAUT DEVELOPMENT GROUP, INC."

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 EIGHTH DAY OF MARCH, A.D. 1996.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ARGONAUT DEVELOPMENT GROUP, INC." WAS INCORPORATED ON THE SEVENTH DAY OF MARCH, A.D. 1996.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

SECRETARY OF STATE DIVISION OF CORPORATIONS

Edward J. Freel, Secretary of State

AUTHENTICATION:

7859216

960069150

8300

2599334

DATE:

03-08-96