# TO: Quality Con/Tax Lien Section Plant of Company in an

•	(Name of	CONTROL TO CONTROL TO COOPERSION - MUST INClude suffix)	<u> </u>	
Dear Sir o				
The enclo Florida", ' foreign co	sed "Application by Foreign 'Certificate of Existence", ar moration to transact busine	Corporation for Authorization check are submitted to regions in Florida.	n to Transact Busin ister the above refer	ess in enced
		erning this matter to the follow	นค่อต'	0019135 7960106602 22.50 ****122
	C 1 C 2 7 (13/74)			
		(Name of Person)		<b>#</b>
			inc».	96 AU SECRE TALLAH
		runchising I	.nc., de. 300	96 AUG -6 PH 4: 20 SECRETARY OF STATE TALLAHASSEE, FLORIDA

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

(Name of Person) at (-214) 7.

#### **COURIER ADDRESS:**

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

### MAILING ADDRESS

Qualification/Tax Lien : Division of Corporation 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.	O-zne Franchising, Inc.	<u>-</u>	
	(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" 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.)	or words or	
2	Delaction 3. 75-2508257 State or country under the law of which it is incorporated) (FEI number, if applicable)		
(	State or country under the law of which it is incorporated) (FEI number, if applicab	le)	
4.	(Date of Incorporation)  5. Proctock (Duration: Year corp. Will cease to exist of	r "perpetual"	<del>)</del>
6.	(Date first transacted gusiness in Florida. (See sections 607.1501, 607.1502, AND 817.155, F.S.)		
	(Date first transacted gusiness in Florida. (See sections 607.1501, 607.1502, AND 817.155, F.S.)	SEC ALL	2
7.	1701 N. Market, Suite 300	系統 管	<u> </u>
	Dallas, Toyas 75202. (Current mailing address)	TO PH	<u>.                                    </u>
		—————————————————————————————————————	- U
8.	Frimily Entertainment  (Purpose(s) of corporation authorized in home state or country to be carried out in the state of	TATE ORIDA	>
•	rional)		
9.	Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box acceptable)	k <u>NOT</u>	
	Name: Elizaboun Stout		
BO	fice Address: 3855 E. Colonial Drive,		
	Orlando, Florida, 32803		
10.	Registered agent's acceptance: (Zip Code)		
200	ving been named as registered agent and to accept service of process for the above steporation at the place designated in this application, I hereby accept the appointment istered agent and agree to act in this capacity. I further agree to comply with the prostatutes relative to the proper and complete performance of my duties, and I am family accept the obligations of my position as registered agent.	visions of	,
	(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.

2. Name and addresses of officers unider directors: (Street, address ONLY-P. O.	Box
<ol> <li>Names and addresses of officers and/or directors: (Street address ONLY-P. O NOT acceptable)</li> </ol>	
A. DIRECTORS (Street address only- P. O . Box NOT acceptable)	
Chairman:	·
Address:	
/ice Chairman:	
Address:	
Director:	
Address:	
Director:	
ddress:	
. OFFICERS (Street address only- P. O. Box NOT acceptable)	
resident: Tom Putter	
ddress: MOIN Market, Suite 200	
Dallas, Tryas 75202	<del></del> -
ice President:	
ddress:	
	·
ecretary: <u>John Cooke</u> ,	
ddress: 1701 N. Market, Suite aco	
Dallas, Tevas 752002	
reasurer:	
ddress:	
OTE: If necessary, you may attach an addendum to the application listing addition ficers and/or directors.	a <b>i</b>
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application,	)
John Cooke, - Decretary	<b></b> .

## State of Delaware

## Office of the Secretary of State

PAGE

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "Q-ZAR FRANCHISING, 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 FIRST DAY OF AUGUST, A.D. 1996.

95 AUG -6 PH 4: 20
SECNETARI UN STATE

Edward J. Freel, Secretary of State

AUTHENTICATION:

8050327

DATE:

08-01-96

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