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NEW	FILINGS	AME	NDMENTS	:			
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NonProfit	NonProfit		Resignation of R.A., Officer/Director				
Limited Li	Limited Liability		Change of Registered Agent				
Domestic	Domestication Dissolution		Withdrawal				
Other	Other Merge						
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Annual Report			QUALIFICATION				
	Fictitious Name Foreign						
Name Reservation		Limited Parti	nership				
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CR2F031(10/92)		Trademark			Examiner's	Initials	
		Other					

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.	EXTREME BODY MEAR, INC. [Name of corporation: must include the word "INCORPORATED", COMPANY", CORPORATED TO THE INCOMPANY OF PARTY INCORPORATED TO THE INCOMPANY OF PARTY INCOMPANY OF	MANAGE TO SERVICE AND ADDRESS OF THE PARTY O
4	abbreviations of like import in language as will clearly indicate that it is a corporation in or partnership if not so contained in the name at present.)	manion of words of mead of a natural person
	DELEWARE State or country under the law of which it is incorporated) 3. APPLIED FOR	
(:	State or country under the law of which it is incorporated) (FEI number, if applications of country under the law of which it is incorporated)	ible)
4.	(Date of Incorporation) 5. PERCETURE (Duration: Year corp. will cease to	
	(Duration; Year corp. will cease to	axist or "perpetual")
ъ. (1	7/30/96 Date first transacted business in Fiorida. (See sections 607.1501, 607.1502, and \$17.155, F.S.)	F ₆ 9
7.	No.6 N.E. 3º ST.	
	_	SS
_	PomPAND BLA, CL. 3306.Ψ (Current mailing address)	
e.	CCOTHING MANUFACTURED SALES (Purpose(s) of corporation authorized in home state or country to be carried out in the	
0	(Purpose(s) of corporation authorized in home state or country to be carried out in the	<u> </u>
9.	Name and street address of Florida registered agent:	
	Name: MIKE MURPHY	
	Office Address: 595 N. OLEAN BLYD. BOLA RAYON, Florida,	
	BOLA RAYON, Florida,	33432
		(Zip Code)
10.	Registered agent's acceptance:	
	ring been named as registered agent and to accept service of process	for the phove stated
LUIL	ouration at the place designated in this application. I hereby accept :	the ponointment oc
regi	istered agent and agree to act in this capacity. I further agree to comply Il statutes relative to the proper and complete performance of my dutie	ruith the provisions
with	h and accept the obligations of my position as registered agent.	is, and I am tamiliar
	(Registered agent's signature)	
	(Hegistered agent's signature)	
delia	Attached is a certificate of existence duly authenticated, not more the rery of this application to the Department of State, by the Secretary of Sing custody of corporate records in the jurisdiction under the law of whic	tata or other officies

12. Names and addresses of officers and/or directors:

A,	DIRECTORS	
	Chairman: _	MIKE MURPHY
		595 N. QUAN BLVD.
	_	BOCA RAFON, FL 33432
	Vice Chairm	nan:
	Address:	
	Director:	
	Address:	
	_	
	Address:	· · · · · · · · · · · · · · · · · · ·
	_	
8.	OFFICERS	V-1 0 11
		KEN COLLINS
		POMPANO BLA. FL. 33064
	Address:	And the state of t
	Secretary	
	•	
	Treasurer:	
NOT and/o	E: If necessary, you mor directors.	ay attach an addendum to the application listing additional officers
13.	Mile M.	
13.	Signature of Chairman, Vice (Chairman, or any officer listed in number 12 of the application)
14.		PHY

Office of the Secretary of State

I. LOWARD J. FREE, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "EXTREME RODY WEAR 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 DEFICE SHOW, AS OF THE FIRST DAY OF AUGUST. A.D. 1996.

SECRETARY OF STATE TALLAHASSEE, FLORID



Edward J. Freel, Secretary of State

AUTHENTICATION:

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DATE:

08-01-96