RAVEMIT LL TER	1368
TO: Qualiffration/To Leen Section Division of Corporations	、いっしょしまし ロロロロ 1 <b>9 0 9 1 4 0</b> 7/31/9601022001 ****78.75 *****78.75
SUBJECT: Imberwolf Services, Live (Name of corporation - must include suffix)	
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Authorization to Transact E Florida", "Certificate of Existence", and check are submitted to register the above a foreign corporation to transact business in Florida.  Please return all correspondence concerning this matter to the following:	6 26 HASS
Leslie A. Kelly (Name of Persyn)	EFFORE MEFO
Timberwolf Services Inc. (Firm/Company)	- - -
7777 N. Wickham Rd. #12-40	27
Melbourne, FL 32940 (City/State/Zip)	-

Leslie A. Kelly at (407) 255-0221
(Name of Person) at (407) 255-0221
(Area Code & Daytime Telephone Number)

### **COURIER ADDRESS:**

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

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



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

August 1, 1996

LESLIE A KELLY TIMBERWOLF SERVICES INC 7777 N WICKHAM RD #12-407 MELBOURNE, FL 32940

SUBJECT: TIMBERWOLF SERVICES, INC.

Ref. Number: W96000016116

We have received your document for TIMBERWOLF SERVICES, INC. and your check(s) totaling \$78.75. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Letter Number: 296A00036922

Doug Dickinson Document Specialist

# 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:

(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. (State or country under the law of which it is incorporated) (FEI number, if applicable)	
4. June 7 1996 5. Perpetuation (Duration: Year corp. will cease to exist or "perpetual")	
6. We Have not - pending Certificate of Authority 8 (Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.1557.8.5) = FT	
7. Timberwolf Services Inc For FU	
7. Timberwolf Services Inc. For F. D. Timberwolf Services Inc. T2-407 Helbourne, FL 32940 (Current mailing address)	
8. To engage in any lauful act or activity for which corporations may be organized (Purpose(s) of corporation authorized in home state of country to be carried out in the state of Florida)	
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)	
Name: Bruce D. Kelly	
Office Address: 6970 Mulberry Court	
Melboune, Florida, 32940 (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.	

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.

(Registered agents signature)

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: \_ court Address: 32940 Vice Chairman: 32440 Director: \_ Address: Director: Address: B. OFFICERS (Street address only- P. O. Box NOT acceptable) President: Address: 32940 Vice President: cont Address: Secretary: Address: Treasurer: Same Address: **NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors. 13. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) uce D. Kelly Vice Chestman Vice hes
(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 "TIMBERWOLF SERVICES, 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 FIFTEENTH DAY OF AUGUST, A.D. 1996.

SECRETARY OF STATE

Edward J. Freel, Secretary of State

AUTHENTICATION.

DATE

8069035

08-15-96