

F96000004559

TO: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: T3R4 SPECIALTIES LTD.
(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:

Daniel F. Conneally
(Name of Person)

T3R4 SPECIALTIES LTD.
(Firm/Company)

133 Wood Cove
(Address)

Coventry, RI 02816
(City/State/Zip)

100001938531
-09/04/96--01118--002
*****78.75 *****78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Daniel F. Conneally at (401) 823-7357
(Name of Person) (Area Code & Daytime Telephone Number)

COURIER ADDRESS:

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

Please provide CERT. OF STATUS



FLORIDA DEPARTMENT OF STATE

Sandra B. Morlham
Secretary of State

Dear Sir or Madam:

This will acknowledge your recent request for the form and instructions to register a foreign profit corporation to transact business in Florida. The requirements are as follows:

- Pursuant to section 607.1503(1), Florida Statutes, the attached application must be completed in its entirety.
- The corporation must submit an original certificate of existence, no more than 90 days old, duly authenticated by the Secretary of State or the proper official having custody of corporate records in the state or country under the law of which it is incorporated. A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.
- There is a \$70.00 registration fee.
- Please submit an additional \$8.75 if a certificate of status is needed. The fee for a certified copy is \$52.50. Please send one check for the total amount made payable to the Florida Department of State.
- The transmittal letter included in this packet should be completed and submitted along with the certificate, application and check. Both the mailing address and courier address are noted in the transmittal letter.

A letter of acknowledgement will be issued free of charge upon registration.

Any further inquiries concerning this matter should be directed to the Qualification/Tax Lien Section by calling (904) 487-6091 or writing Qualification/Tax Lien Section, Division of Corporations, 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. T3R4 SPECIALTIES LTD. 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. Rhode Island 3. 05-0441072
(State or country under the law of which it is incorporated) (FIF number, if applicable)

4. May 23, 1996 5. Perpetual
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. UPON QUALIFICATION
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))

7. 133 Wood Cove
COUNTRY RI 02816
(Current mailing address)

8. SALES REFERENCE MATERIAL, CONSULTING AND ANY OTHER LAWFUL PURPOSE.
(Purpose(s) of corporation authorized in home state or 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: DANIEL P. Connelly

Office Address: 210 S. PINELLAS AVE

TARPON SPRINGS, Florida, 34689
(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.

[Signature]
(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: (Street address **ONLY**- P. O. Box **NOT** acceptable)

A. DIRECTORS (Street address only- P. O. Box **NOT** acceptable)

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS (Street address only- P. O. Box **NOT** acceptable)

President: DANIEL F. CONNEALLY

Address: 133 Wood Cove
Coventry, RI 02816

Vice President: _____

Address: _____

Secretary: DANIEL P. CONNEALLY

Address: 2049 EDGEWATER DR
CHELSEA, FLA 34615

Treasurer: Alice M. Conneally

Address: 133 Wood Cove
Coventry, RI 02815

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

13. Daniel F. Conneally
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. DANIEL F. CONNEALLY - President
(Typed or printed name and capacity of person signing application)

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SECONDARY MAIL
TALLAHASSEE, FLORIDA

RECEIVED



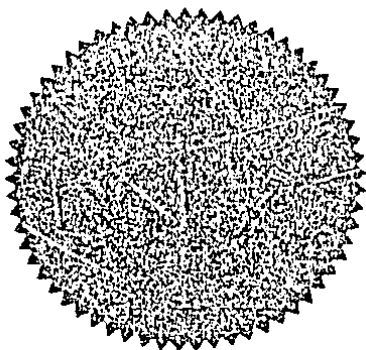
State of Rhode Island and Providence Plantations
Office of The Secretary of State
100 North Main Street
Providence, Rhode Island
02903-1335

I, James R. Langevin, Secretary of the State of Rhode Island and
Providence Plantations, **HEREBY CERTIFY** that
T3R4 Specialties Ltd.

a Rhode Island corporation, filed original articles of Incorporation
in this office on the **twenty-third** day of **May** A.D., 19 **96** ;

I **FURTHER CERTIFY** that said corporation is now of record and in
good standing in this office.

IN TESTIMONY WHEREOF, I have
hereunto set my hand and
affixed the seal of the
State of Rhode Island this **twenty-second**
day of **August** A.D., **1996**



James R. Langevin
Secretary of State

By WILLIAM E. PROCHITT
Acting Deputy Secretary of State

RECEIVED
OFFICE OF THE SECRETARY OF STATE
PROVIDENCE, RHODE ISLAND

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