

F96000004579

TRANSMITTAL LETTER

TO: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: COSTUMES BY BETTY, INC.
(Name of corporation - must include suffix)

Dear Sir or Madam:

700001929067
-00/22/96--01007--0102
*****70.00 *****70.00

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:

11/16/96

TONY N. JONES
(Name of Person)

COSTUMES BY BETTY, INC.
(Firm/Company)

1872 DAQUIRI LN
(Address)

LUTZ FL. 33549
(City/State/Zip)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 SEP -6 PM 2:10
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Should you need to call someone concerning this matter, please call:

TONY JONES at (813) 949-6428
(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



FLORIDA DEPARTMENT OF STATE

Sandra B. Morham
Secretary of State

#500

OFFICE SEC. STATE
Rm 1118
STATE OFFICE BUILD
100 CONSTITUTION AVE
ST. PAUL 1118
55/55-
1299

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 ^{GOOD STANDING} 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.



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

August 22, 1996

TONY R. JONES
COSTUMES BY BETTY, INC.
1872 DAIQUIRI LN.
LUTZ, FL 33549

SUBJECT: COSTUMES BY BETTY, INC.
Ref. Number: W96000017629

We have received your document for COSTUMES BY BETTY, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A brief description of the entity's nature of business must be included in the document.

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) 487-6095.

Jennifer Sindt
Document Examiner

Letter Number: 696A00039882

**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. COSTUMES BY BETTY, 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. MINNESOTA 3. 41-1710168
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 1/7/91 5. PERPETUAL
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. APRIL 1, 1996
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))
7. COSTUMES BY BETTY, INC.
2181 EDGENTON ST. ST PAUL MIN 55117
(Current mailing address)
8. SALE AND DISTRIBUTION OF CLOWN SUPPLIES
(Purposes 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: TONY JONES

Office Address: 1872 LAQUIRI LN.

LUTZ, Florida, 33549
(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.

Tony Jones
(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.

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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: BETTY CASH

Address: 2181 EDGERTON ST.

ST. PAUL MN 55117

Vice President: _____

Address: _____

Secretary: TONY JONES

Address: 1872 PAQUIRI LN.

LOT 2 FL. 33549

Treasurer: TONY JONES

Address: SANIE

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

13. [Signature]
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. TONY R. JONES SEC TREAS.
(Typed or printed name and capacity of person signing application)

State of Minnesota

SECRETARY OF STATE

Certificate of Good Standing

I, Joan Anderson Grove, Secretary of State of Minnesota, do certify that: The corporation listed below is a corporation formed under the laws of Minnesota; that the corporation was formed by the filing of Articles of Incorporation with the Office of the Secretary of State on the date listed below; that the corporation is governed by the chapter of Minnesota Statutes listed below; and that this corporation is authorized to do business as a corporation at the time this certificate is issued.

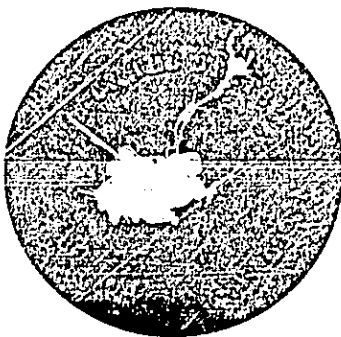
Name: Costumes by Betty, Inc.

Date Formed: 01/07/1991

Chapter Governed By: 302A

This certificate has been issued on 07/23/96.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 SEP -6 PM 2:10



Joan Anderson Grove
Secretary of State.