# F96000004814

SUBJECT: Smc (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:
(Name of Person)
Smc Motors TNC (Firm/Company) & Smc
6955 HANGING MYSS Rd SUIR 108 THE
ORIANDO, FL 32807 RESERVED
70 5 <del> </del>
Should you need to call someone concerning this matter, please call:
CRAIG GODWIN at 407, 699-21/7 (Name of Person) at (407, 699-21/7 (Area Code & Daytime Telephone Number)
Please Send q. Certificate of status

#### **COURIER ADDRESS:**

TO:

Qualification/Tax Lien Section Division of Corporations

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

### 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. De Aware (State or country under the law of which it is incorporated) (1931 number, if applicable)
4. AUST301/1996 5. Performing (Duration: Year corp. will cease to exist or "perpetual")
6. (Date first transacted business in Florida USEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.)
ORIANO FURGA 3170 2 3170 Corrent mailing address)
8. (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Floriday (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Floriday (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Floriday (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Floriday (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Floriday (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Floriday (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Floriday (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Floriday (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Floriday (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Floriday (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Floriday (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Floriday (Purpose(s) of corporation authorized in home state or country (Purpose(s) of corporation authorized in home state or country (Purpose(s) of corporation authorized in home state or country (Purpose(s) of corporation authorized in home state or country (Purpose(s) of corporation authorized in home state or country (Purpose(s) of corporation authorized in home state or country (Purpose(s) of corporation authorized in home state or country (Purpose(s) of corporation authorized in home state or country (Purpose(s) of corporation authorized in home state or country (Purpose(s) of corporation authorized in home state or country (Purpose(s) of corporation authorized in home state or country (Purpose(s) of corporation authorized in home state or country (Purpose(s) of
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)  Name: A CRAIG GOOGLE
Office Address: 4004 CROSS ROBAS AC
10. Registered agent's acceptance:  (GSC/DIPP) (Cip Code)  (Zip Code)
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 a 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.
(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:	<del>,</del>	
Address:		
Vice Chairman:		
Address:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Director:		
Address:		
Director:		
Address:	<u></u>	125
B. OFFICERS (Street address only- P. O. Box NOT acceptable)	က	
President: THERESA L TYREE		() () ()
Address: 404 CROSS Pricids Price	2	
Casselberry FC 32707	·	2)
Vice President: The NOSA C. TYREE		
Address: 4004 CRUSSROWS PIGGE	)	
Casselberry FC 32707		
Secretary: MANGE C. TYRFE  Address: 4004 CROSS ROCAS PORF		
Address: 4004 CKOSS KOCKS PCKE		
Treasurer: Thomasia TXREE		
Address: GOOLY CPUSS Broads Place		
COSSELBERRY FLORIDG 32	707	
NOTE: If necessary, you may attach an addendum to the application listing	ng additional	
officers and/or directors.	ng additional	
13. Theresa L. Tyree.		
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of t	he application)	
14. THERESA L. TVRFF - PRESIDENT (Typed or printed name and capacity of person signing application)	<u>T</u>	

## State of Delaware Office of the Secretary of State

I. EDWARD J. FREEL. SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SMC MOTORS 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 NINTH DAY OF SEPTEMBER. A.D. 1996.

SEGRETARY OF STATE DIVISION OF CONTERNATION OF CONTERNATION OF STATE OF CONTERNATION OF SEPP 1 A PH 12: 22



Edward J. Freel, Secretary of State

AUTHENTICATION:

8095539

960259888

8300

2656720

DATE:

09-09-96