F9600005126 TRANSMITTAL LETTER

| TO: Qualification/Tax Lien Section Division of Corporations | PY3'3 |
|---|---|
| SUBJECT: Capsa Tidustries Tid | W96-18419 |
| Dear Sir or Madam: | 000001967410 -10/00/9601079012 ******70.00 *****70.00 |
| The enclosed "Application by Foreign Corporation for Authorization to Tran Florida", "Certificate of Existence", and check are submitted to register the a foreign corporation to transact business in Florida. | nsact Business in above referenced |
| Please return all correspondence concerning this matter to the following: | 100001958951 -09/27/9601009001 ****400.00 ****400.00 |
| Jeff Aylock (Name of Person) | |
| Capsco Forfustrics Inc. (Firm/Company) Ort Highway 78 West Portugues | 3-7x 640 |
| Sum. for, AL 33148 (City/State/Zip) | 6 OCT - |
| Should you need to call someone concerning this matter, please call: | ILED STATE CORPORATION |
| (Name of Person) (Name of Person) (Area Code & Days | |

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. Mortham Secretary of State

September 18, 1996

JEFF AYCOCK CAPSCO INDUSTRIES, INC. PO BOX 640 SUMITON, AL 35148

SUBJECT: CAPSCO INDUSTRIES, INCORPORATED

Ref. Number: W96000018419

We have received your document for CAPSCO INDUSTRIES, INCORPORATED, nowever, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$70.00.

Pursuant to section 607.1502(4) or 617.1502(4), F.S., this office is required to collect a penalty of \$1000 for each year this corporation transacted business in Florida prior to qualification and the appropriate annual report fees that would have been due had the corporation qualified the year it began operation in this state.

However, the \$1000 per year penalty fee is waived, pursuant to laws of Florida 96-212, for any corporation that applies for a certificate of authority between July 1, 1996 and December 1, 1996.

The total amount due this office through December 31, 1996 to cover the back annual report(s) is \$400.00.

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 cath 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.

If you have any questions concerning the filing of your document, please call (904) 487-6094.

Doug Dickinson Document Specialist

Letter Number: 996A00041332

FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

September 26, 1996

JEFF AYCOCK CAPSCO INDUSTRIES, INC. PO BOX 640 SUMITON, AL 35148

SUBJECT: CAPSCO INDUSTRIES, INCORPORATED

Ref. Number: W96000018419

We have received your document for CAPSCO INDUSTRIES, INCORPORATED and your check(s) totaling \$400.00. However, the document has not been filed and is being retained in this office for the following:

Please remit the \$70.00 filing fee.

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) 487-6092.

Hart Collins Senior Corporate Section Administrator

Letter Number: 096A00044393

.. 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. Capsos Toustres Inc. (Name of corporation: must include the word "INCORPORATED" "CARANY" "CORPORATION" or | |
|---|--|
| (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) (PEI number, if applicable) | |
| 4. 3 94 (Date of Incorporation) 5. Per pertual (Duration: Year corp. will cease to exist or "perpetual") | |
| 6. 3/94 (Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.) | |
| 7. Algorithms of the first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.) | AO. BOX GUE |
| Symitary AL 35149 (Current mailing address) | |
| 8. Automatic Fir Sonkler in Stallation (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida) | SECRE SECRE |
| 9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box Nor acceptable) Name: Richard Squee: | FILED TARY OF CORPORT |
| Name: Richard Squeer | SIME |
| Office Address: 1005 Porter Street | |
| St. George エslau は , Florida , <u>32328</u> (Zip Code) | |
| Having been named as registered agent and to accept service of process for the above s corporation at the place designated in this application, I hereby accept the appointment registered agent and agree to act in this capacity. I further agree to comply with the provisionall statutes relative to the proper and complete performance of my duties, and I am familiar and accept the obligations of my position as registered agent. | tated the state of |
| (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) Killian Chairman: Address: _ 325 35242 Vice Chairman: Address: Director: Address: Director: Address: B. OFFICERS (Street address only-P. O. Box NOT acceptable) President: Address: Vice President: Address: Address: Treasurer. Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 13. (Typed or printed name and capacity of person signing application)



NO. D 03970

State of Alabama Department of Revenue

Certificate of Good Standing
Domestic Corporation

ONVISION OF CORPORATIONS

ON OCT -4 AM 9-40

| I, Ernest J. Broadhead, Chief of the Corpor | ate Tax Division of the Alabamo |
|---|-----------------------------------|
| Department of Revenue, hereby certify the | it the records of said Alabamo |
| Department of Revenue show that <u>CAPSCO_INDUS</u> | STRIES INC |
| a domestic corporation, incorporated in | erson County or |
| March 9, 1994 has | to date made all returns and paid |
| all domestic corporation franchise tax and | l permit fee due as required by |
| Section(s) 40-14-22 and 40-14-40 Code of | Alabama 1975, and is in good |
| standing as a domestic corporation. | |

IN WITNESS WHEREOF, I hereunto set my hand this date of July 24, 1996

Chief, Corporate Tax Division

ATTEST:

Secretaru

