

# F96000005180

## TRANSMITTAL LETTER

TO: Qualification/Tax Lien Section  
Division of Corporations

SUBJECT: AMRON INC.  
(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:

ALAN M. ANGELL  
(Name of Person)

AMRON INC  
(Firm/Company)

PO BOX 9338  
(Address)

SAN RAFAEL CT 94912-9338  
(City/State/Zip)

FILED 19453107  
-09/24/96-UT167-006  
\*\*\*131.25 \*\*\*131.25

WAB-20354

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

ALAN ANGELL at (415) 457-4855  
(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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
96 OCT -8 AM 9:42



**FLORIDA DEPARTMENT OF STATE**

**Sandra B. Mortham**  
Secretary of State

September 26, 1996

**ALAN M. ANGELL**  
**AMRON INCORPORATED**  
**PO BOX 9338**  
**SAN RAFAEL, CA 94912-9338**

**SUBJECT: AMRON INCORPORATED**  
**Ref. Number: W96000020354**

We have received your document for **AMRON INCORPORATED** and your check(s) totaling \$131.25. However, the document has not been filed and is being retained in this office for the following:

The entity name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved entity. Names of administratively dissolved entities are not available for one year from the date of administrative dissolution unless the dissolved entity provides the Department of State with a notarized affidavit executed as required by section 607.0120, 617.01201, 608.5135 or 608.4482 Florida Statutes, permitting the immediate assumption or use of the name by another entity.

Simply adding "of Florida" or "Florida" to the end of a name does not constitute a difference.

When the document is resubmitted, please return a copy of this letter to ensure proper handling.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please **RETURN ALL DOCUMENTATION** to the **ATTENTION** of the **CORPORATE SPECIALIST** indicated.

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: 096A00044302

## RESOLUTION OF BOARD OF DIRECTORS

(Please print or type)

I, the undersigned ALAN M. ANGELL, do hereby certify  
(Name)

that this Resolution of the Board of Directors of AMRON INC  
(Corporate Name)

a corporation duly organized and existing under the laws of the State of TN.

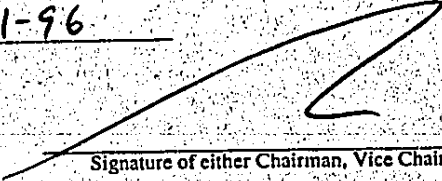
was duly adopted on OCT 1<sup>st</sup>, 19 96.

Be it resolved, that AMRON INC  
(Corporate Name)

organized and existing in the State of TN., hereby adopts the name

EASELS by AMRON INC. for use in Florida.

Dated: 10-1-96

  
Signature of either Chairman, Vice Chairman or any officer

ALAN M. ANGELL  
Type or print name

**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. AMRUN INCORPORATED  
(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. TENN. 3. 62-1130235  
(State or country under the law of which it is incorporated) (FBI number, if applicable)
4. 5/19/1981 5. PERPETUAL  
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. NOV 15 1996  
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.133, F.S.))
7. P.O. BOX 9338 SAN JAEDE CA 94512-9338

(Current mailing address)

8. WHOLESALE DISTRIBUTION OF DISPLAY PRODUCTS  
(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: HARRY KROLL

Office Address: 5902 BLUE BEACH PL

TAMPA

, Florida,

33319

(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.

Harry D. Kroll

(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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DIVISION OF CORPORATIONS  
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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: ALAN ANGELL

Address: 76 Belvedere ST #E  
SAN RAFAEL CA 94901

Vice Chairman: /

Address: /

Director: /

Address: /

Director: /

Address: /

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

President: ALAN ANGELL

Address: 76 Belvedere ST #E  
SAN RAFAEL CA 94901

Vice President: /

Address: /

Secretary: LISA ANGELL

Address: 76 Belvedere ST #E  
SAN RAFAEL CA 94901

Treasurer: LISA ANGELL

Address: 76 Belvedere ST #E  
SAN RAFAEL CA 94901

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)

14. ALAN M. ANGELL

(Typed or printed name and capacity of person signing application)

**Secretary of State**

**Corporations Section**

James K. Polk Building, Suite 1800  
Nashville, Tennessee 37243-0306

ISSUANCE DATE: 09/10/1996  
REQUEST NUMBER: 3212-3052  
TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 05/19/1981  
STATUS: ACTIVE  
CORPORATE EXPIRATION DATE: PERPETUAL  
CONTROL NUMBER: 0103703  
JURISDICTION: TENNESSEE

TO:  
AMRON, INC.  
AT: ALAN M ANGELL  
PO BOX 9338  
SAN RAFAEL, CA 94912-9338

REQUESTED BY:  
AMRON, INC.  
AT: ALAN M ANGELL  
PO BOX 9338  
SAN RAFAEL, CA 94912-9338

**CERTIFICATE OF EXISTENCE**

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT

"AMRON INCORPORATED"

IS A CORPORATION DULY INCORPORATED UNDER THE LAW OF THIS STATE WITH DATE OF  
INCORPORATION AND DURATION AS GIVEN ABOVE;  
THAT ALL FEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE  
EXISTENCE OF THE CORPORATION HAVE BEEN PAID;  
THAT THE MOST RECENT CORPORATION ANNUAL REPORT REQUIRED HAS BEEN FILED  
WITH THIS OFFICE; AND  
THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED, AND  
THAT ARTICLES OF TERMINATION OF CORPORATE EXISTENCE HAVE NOT BEEN FILED

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
96 OCT -8 AM 9:42

FOR: REQUEST FOR CERTIFICATE

ON DATE: 09/10/96

FROM:  
AMRON, INC.  
P.O. BOX 9338  
SAN RAFAEL,, CA 94901-0000

RECEIVED: FEES \$10.00 \$10.00  
TOTAL PAYMENT RECEIVED: \$20.00

RECEIPT NUMBER: 00002007846  
ACCOUNT NUMBER: 00033745



*Riley C Darnell*

RILEY C. DARNELL  
SECRETARY OF STATE