

PAIK, BUGG, RODNITE AND OSSIAN, P.A.

ATTORNEYS AT LAW

CITIZENS BANK BUILDING

SUITE 100

1150 COUNTRYLAND STREET

CLEARWATER, FLORIDA 34615

(813) 447-4231

FAX (813) 447-4231

PLEASE REPLY TO:

P.O. BOX 100

CLEARWATER, FLORIDA 34615

ANNE MURPHY

CERTIFIED LEGAL ASSISTANT

JOHN D. BUGG
JOHN A. OSSIAN
JOHN D. PAIK
JOHN D. RODNITE, JR.
JOHN D. HUBBING
JOHN D. ZURAVKO

CERTIFIED CIVIL TRIAL LAWYER
BOARD CERTIFIED APPELLATE LAW LAWYER
CERTIFIED CIRCUIT AND FAMILY MEDIATION

October 18, 1996

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

96 OCT 22 AM 11:31

FILED

Re: Mutts & Mittens, Inc.
Application by Foreign Corporation for
Authorization to Transact Business in Fla.

Dear Sir or Madam:

I enclose herein, the following:

1. Application by Foreign Corporation for Authorization to Transact Business in Florida for Mutts & Mittens, Inc., a Maryland Corporation;
2. State of Florida, State Department of Assessments and Taxation Certificate of Current Status for Mutts & Mittens, Inc., as of September 30, 1996;
3. Check payable to Department of State in the amount of \$278.75, representing the following fees:

1995 Registration Fee:
Current Registration Fee
Certificate of Status

\$200.00
70.00
8.75

Total:

\$278.75

Accordingly, I hereby request that you provide a letter of acknowledgment and Certificate of Status to the undersigned, upon filing the enclosed documents. If you require any further information, please contact the undersigned at the above address and telephone number. Thank you for your assistance.

Very truly yours,

Mark A. Ossian
Mark A. Ossian

MAO/kr
Enclosures

cc: Pamela Sedlacek

**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. MUTTS & MITTENS, 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. MARYLAND
(State or country under the law of which it is incorporated)
3. 52-1841370
(FEI number, if applicable)
4. 8/3/93
(Date of Incorporation)
5. Perpetual
(Duration: Year corp. will cease to exist or "perpetual")
6. JULY 1995
(Date first transacted business in Florida. (SEE SECTIONS 607.1301, 607.1302, AND 817.133, F.S.))
7. 915 HARBOR LAKE CT., SAFETY HARBOR, FL 34695
(Current mailing address)
8. To conduct any and all business for profit allowed.
(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: PAMELA SEDLACEK
Office Address: 110 Crestwood Drive
Safety Harbor, FL 34695
(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.

Pamela A. Sedlacek
(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: PAMELA SEDLACEK

Address: 110 CRESTWOOD DRIVE

SAFETY HARBOR, FL 34695

Director: _____

Address: _____

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

President: Pamela Sedlacek

Address: 110 Crestwood Drive

Safety Harbor, FL 34695

Vice President: Christopher E. Sedlacek

Address: 110 Crestwood Drive

Safety Harbor, FL 34695

Secretary: Pamela Sedlacek

Address: 110 Crestwood Drive

Safety Harbor, FL 34695

Treasurer: Richard Sedlacek

Address: 110 Crestwood Drive

Safety Harbor, FL 34695

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

13. Pamela A. Sedlacek
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Pamela A. Sedlacek
(Typed or printed name and capacity of person signing application)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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FILED

STATE OF MARYLAND

476925

STATE DEPARTMENT OF ASSESSMENTS AND TAXATION

301 West Preston Street Baltimore, Maryland 21201

I, NANCY GRUENINGER OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT SAID DEPARTMENT, BY THE LAWS OF SAID STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATE CHARTERS, OR OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE; AND I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT MUTTS & MITTENS, INC. IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND SAID CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN THE STATE OF MARYLAND.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



IN WITNESS WHEREOF, I HAVE HEREUNTO SET MY HAND AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE THIS 30TH DAY OF SEPTEMBER, 1996.

Nancy Grueninger
NANCY GRUENINGER
ADMINISTRATIVE OFFICER