T96000005878

TO: Qualification/Γαχ Lien Section Division of Corporations

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)		
GAULT COMMUNICATIONS, INC. (Firm/Company)		
1 FLORIDA PARK DRIVE SUITE 106 (Address)		
(Address)		
PALM COAST. FLORIDA ##7##1/ 32137 (City/State/Zip)	8- AGN 96	SECRETAN DIVISION OF C
Should you need to call someone concerning this matter, please call:	PH 12: 07	FD 1/12 YOF STATE YOR STATE
W. E. GAULT at (913 904) 471-8080 (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

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. GAULT COMMUNICATIONS. 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. VANSAS 3. 74-2786174 (State or country under the law of which it is incorporated) (FEI number, if applicable)
4. MAY 06, 1996 (Date of Incorporation) 5. PERPETUAL (Duration: Year corp. will cease to exist or "perpetual")
6. HAS NOT TRANSACTED ANY BUSINESS AS OF THIS DATE (Date first transacted business in Florida. (See sections 607.1501, 607.1502, AND 817.155, F.S.) 7. I FLORIDA PARK DRIVE SUITE 106
PALM COAST, FLORIDA 12117/ 32137 99 VS (Current mailing address)
8. COMMUNICATIONS (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 NOTE acceptable)
Name: W. E. GAULT
Office Address: LAS PALMAS LN
ST AUGUSTINE , Florida , 32084 (Zip Code)
10. Registered agent's acceptance:
Having been named as registered agent and to accept service of process for the above state 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 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.
W. E Hauff (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.

NOT	s and addresses of officers and/or directors: (Street address ONLY- P. O. Box acceptable)	•
A. DIRE	CTORS (Street address only- P. O . Box NOT acceptable)	
		_
Address:		_
Vice Chair	man:	-
Address: _		_
Director:	W. E. GAULT	-
Address: _	10) VILLAGE LAS PALMAS LN.	_
	ST. AUGUSTINE. FLORIDA ##Y## 32084	
Director: _		_
Address: _		_
President:	ERS (Street address only- P. O. Box NOT acceptable) W. E. GAULT	
Address: _	101 VILLAGE LAS PALMAS IN.	
<u> </u>	ST. AUGUSTINE, FLORIDA #@Y#\$ 32084	-
	lent:	
Address: _		P# i2:
Secretary:	CAROLYN B. GAULT	07
	101 VILLAGE LAS PALMAS LN.	_
_	ST. AUGUSTINE, FLORIDA 32084	_
Treasurer:	CAROLYN B. GAULT	-
Address: _	101 VILLAGE LAS PALMAS IN	-
<u></u>	ST. AUGUSTINE, F16f164// FLORIDA 32084	
NOTE: If r	necessary, you may attach an addendum to the application listing additional /or directors.	
13.	nature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)	
(Sigi	nature of Chairman, vice Chairman, or any officer listed in number 12 of the application)	

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

STATE OF KANSAS

OFFICE OF SECRETARY OF STATE RON THORNBURGH



To all to whom these presents shall come, Greetings:

I, RON THORNBURGH, Secretary of State of the state of Kansas, do hereby certify that I am the custodian of records of the State of Kansas relating to corporations and that I am the proper official to execute this certificate.

I FURTHER CERTIFY THAT

GAULT COMMUNICATIONS, INC.

is a regularly and properly organized corporation under the laws of the state of KANSAS, having been incorporated in Kansas on the 6th day of May, A.D. 1996 and has paid all fees and franchise taxes due this office and is in good standing according to the records now on file in the office of Secretary of State.

In testimony whereof:
I hereto set my hand and cause
to be affixed my official seal.
Done at the City of Topeka, this
25th day of October, A.D. 1996



RON THORNBURGH SECRETARY OF STATE DIVISION OF COMPUTED OF