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TO: Qualification/Tax Lien Section  
Division of Corporations

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SUBJECT: LOED CHRIST COOP.  
(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:

Mark Shipman  
(Name of Person)  
LOED CHRIST COOP.  
(Firm/Company)  
11122 Wandering Oaks DR.  
(Address)  
Jacksonville FL 32267  
(City/State/Zip)

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

Mark Shipman at (904) 880 9207 -  
(Name of Person) (Area Code & Daytime Telephone Number)  
8838

**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. LORD CHRIST COOP.  
(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. DELAWARE 3. 52-1645174  
(State or country under the law of which it is incorporated) (FBI number, if applicable)

4. APRIL 89 5. Perpetual  
(Date of Incorporation) (Duration: Year corp. will cease to exist "perpetual")

6. OCT - 96  
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.135, F.S.))

7. 11122 WANDERING OAKS DR.  
JACKSONVILLE FL 32267  
(Current mailing address)

8. RETAIL - WHOLESALE SALES - AGRICULTURE - REAL ESTATE  
(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: TERRI DESILETS SHIPMAN

Office Address: 11122 WANDERING OAKS DR.

JACKSONVILLE, Florida, 32257  
(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.

TERRI DESILETS SHIPMAN  
(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: Mark Shipman

Address: 11122 Wandering Oaks Dr  
Jacksonville FL 32257

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: Mark Shipman

Address: 11122 Wandering Oaks Dr  
Jacksonville FL 32257

Director: \_\_\_\_\_

Address: \_\_\_\_\_

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

President: TERRI Shipman

Address: 11122 Wandering Oaks Dr  
Jacksonville, FL 32257

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: TERRI Shipman

Address: 11122 Wandering Oaks Dr  
Jacksonville FL 32257

Treasurer: Mark Shipman

Address: 11122 Wandering Oaks Dr  
Jacksonville FL 32257

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

13. [Signature] COO-Director  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Mark Shipman  
(Typed or printed name and capacity of person signing application)

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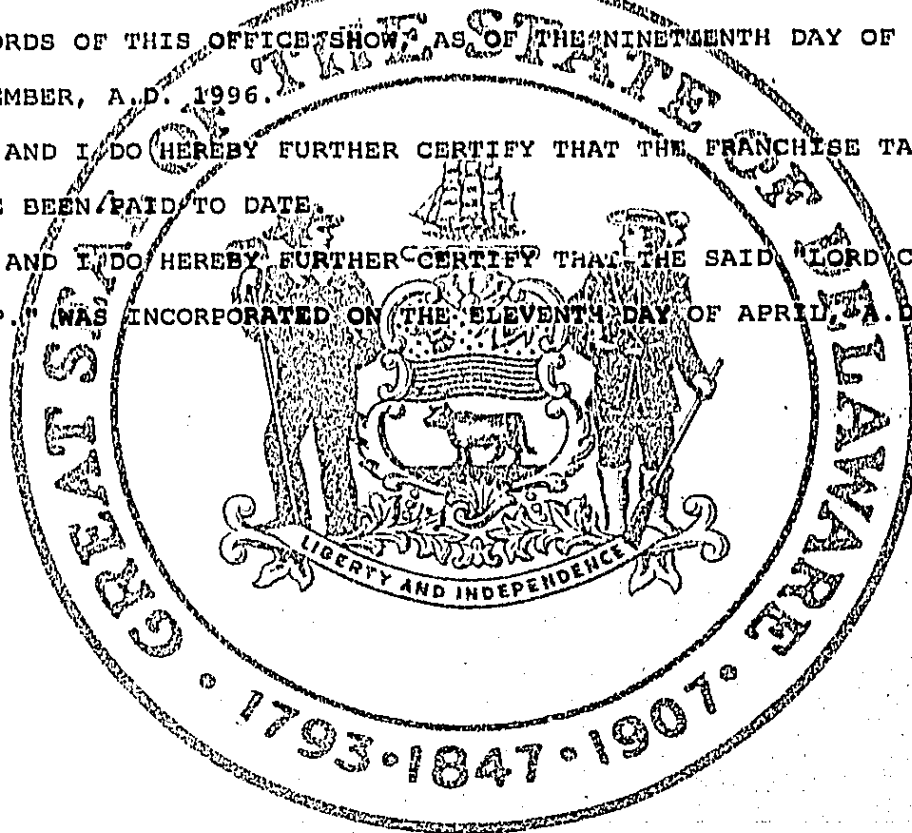
State of Delaware  
Office of the Secretary of State

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I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LORD CHRIST CORP." 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 NINETEENTH DAY OF NOVEMBER, A.D. 1996.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LORD CHRIST CORP." WAS INCORPORATED ON THE ELEVENTH DAY OF APRIL, A.D. 1989.



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*Edward J. Freel*  
Edward J. Freel, Secretary of State

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AUTHENTICATION: 8198601

DATE: 11-19-96