F9600006707

TO: Qualification/Tax Lien Section **Division of Corporations** DWENS JRRIGATION, INC.
(Name of corporation - must include sufflix) 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: Should you need to call someone concerning this matter, please call:

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: (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.) ennessee (State or country under the law of which it is incorporated) 06-06-1988 Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual") Date first transacted business in Florida: (SEE SECTIONS 607.1501, 607.1502, AND 8) (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) Office Address: Florida, 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.

* acceptanceattached*

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) Chairman: Address: Vice Chairman: Address: ____ Director: __ Address: Director: Address: B. OFFICERS (Street address only- P. O. Box NOT acceptable) Address: __ Vice President: Address: _ Secretary: Address: Treasurer: Address: **NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) U.O. Duens TIT PRESIDENT (Typed or printed name and capacity of person signing application)

ACCEPTANCE OF APPOINTMENT

RE: OWENS IRRIGATION, INC.

Pursuant to Sections 48.091 and 607.0501, Florida Statutes, the undersigned acknowledges and accepts its appointment as registered agent of the above corporation and agrees to act in the capacity and to comply with the provisions of the Florida Business Corporation Act (1990) relative to keeping open the registered office at the address specified above. The undersigned is familiar with, and accepts the obligations of, Section 607.0505, Florida Statutes.

Dated: December 2, 1996

C T CORPORATION SYSTEM

y Saini Albarma

Bonnie L. Harmon, Assistant Secretary Secretary of State
Corporations Section
James K. Polk Building, Suite 1800
Nashville, Tennessee 37243-0306

THEUANCE DATE: 12/04/1996 REQUEST NUMBER: 3250-0585 TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 06/06/1988 STATUE: ACTIVE CORPORATE EXPIRATION DATE: PERPETUAL CONTROL NUMBER: 0203953 JURISDICTION: TENNESSEE

TO: OWENS IRRIGATION, INC. AT:PENNY OWENS PO BOX 17316 HEMPHIS, TN 38187 REQUESTED BY: OWENS IRRIGATION, INC. AT:PENNY OWENS PO BOX 17316 MEMPHIS, TN 38187

CERTIFICATE OF EXISTENCE

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT "OWENS IRRIGATION, INC."

THAT THE MOST RECENT CORPORATION ANNUAL REPORT REQUIRED HAS BEEN FILED THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED.

SECRETARY OF STATE OF STATE OF CORPORATIONS 95 04 05 CORPORATIONS

FOR: REQUEST FOR CERTIFICATE

ON DATE: 12/04/96

FROM: OWENS IRRIGATION, INC. P.O. BOX 17316

MEMPHIS, TN 38187-0316

7.U. DOX 17316

FEES \$10.00

\$10.00

TOTAL PAYMENT RECEIVED:

RECEIVED:

\$20.00

RECEIPT NUMBER: 00002037452 ACCOUNT NUMBER: 00033703



RILEY C. DARNELL SECRETARY OF STATE