To: Qualification fax in Section Division of Corporations

SUBJECT: Preston Management Incorporated

(Name of corporation - must include suffix)	00023349233				
Dear Sir or Madam:	-10/31/9701053002 *****78.75 *****78.75				
The enclosed "Application by Foreign Corporation for Authorization to Transact Bus "Certificate of Existence", and check are submitted to register the above referenced furansact business in Florida.	siness in Florida", oreign corporation to				
Please return all correspondence concerning this matter to the following:	e e				
Connie K. Preston					
(Name of Person)	25 9				
Preston Management Inc.					
(Firm/Company)	CONTRACTOR				
260 SW Eleanor Drive	FFC P				
(Address)	59 = 3				
Cleveland TN 37323					
(City/State/Zip)	1				
Should you need to call someone concerning this matter, please call:	IL 11/3				
Farrel Preston at (423) 339-5139					
(Name of Person) (Area Code & Daytime Telephone	Number)				

COURIER ADDRESS:

Qualification/Tax Lien Section 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.

L <u>Presto</u>	n Management Inc.			· ·
(Name of corpo	oration; must include the word "INCORPORATE			
	viations of like import in language as will clearly or partnership if not so contained in the name at		it is a corporation in	istead of a
natural person (or partnersing it not so comained in the name at	present.)	•	
2. Tennes:	see	3. <u>62-</u>		
(State or country	y under the law of which it is incorporated)		(FEI number, if a	pplicable)
4. <u>July 3</u>	, 1997	. <u>, , , , , , , , , , , , , , , , , , ,</u>		F8 9
(Da	te of incorporation) (Duration	n: Year corp. v	will cease to exist or	r "perpettal") 吕
6.	December 15, 1997		-	
	t transacted business in Florida.) (SEE SECTION			55, F.S.)
7				
/ Presto	on Management Inc.		·	
260 SW	Eleanor Dr. Cleveland T	₩ 37323		<u> </u>
	(Current mailing addre	ess)		
	·			•
8. <u>Manager</u>	ent Services			5.7. G.
(Purpose	(s) of corporation authorized in home state or cor	untry to be car	ried out in state of F	ilorida)
		······· y		-Oxida)
9. Name and str	eet address of Florida registered agent: (I	-		,
	eet address of Florida registered agent: (I	-		,
9. Name and str	eet address of Florida registered agent: (I	-		,
Name:	CT Corporation System	-		,
		-	Iail Drop Box <u>NO</u>	,
Name:	CT Corporation System	P.O. Box or M		,
Name:	CT Corporation System 1200 South Pine Island Road	-	Iail Drop Box <u>NO</u>	,
Name: Office Address:	CT Corporation System 1200 South Pine Island Road Plantation	P.O. Box or M	Iail Drop Box <u>NO</u>	,
Name: Office Address:	CT Corporation System 1200 South Pine Island Road	P.O. Box or M	Iail Drop Box <u>NO</u>	,
Name: Office Address: 10. Registered a	CT Corporation System 1200 South Pine Island Road Plantation gent's acceptance:	P.O. Box or M	Iail Drop Box <u>NO</u> 33324 (Zip code)	T acceptable)
Name: Office Address: 10. Registered a Having been name in this application,	CT Corporation System 1200 South Pine Island Road Plantation gent's acceptance: ad as registered agent and to accept service of purification in the company of the comp	P.O. Box or M, Florida, rocess for the agent and agre	Iail Drop Box NO 33324 (Zip code) above stated corpore to act in this can	T acceptable) action at the place designated acity. I further agree to
Name: Office Address: 10. Registered a Having been name in this application, comply with the pr	CT Corporation System 1200 South Pine Island Road Plantation gent's acceptance: Id as registered agent and to accept service of proper in the proper and	P.O. Box or M, Florida, rocess for the agent and agre	Iail Drop Box NO 33324 (Zip code) above stated corpore to act in this can	T acceptable) action at the place designated acity. I further agree to
Name: Office Address: 10. Registered a Having been name in this application, comply with the pr	1200 South Pine Island Road Plantation gent's acceptance: Id as registered agent and to accept service of property in the proper and services of all statutes relative to the proper and segations of my position as registered agent.	P.O. Box or M., Florida, rocess for the agent and agred complete per	Iail Drop Box NO 33324 (Zip code) above stated corpore to act in this can	T acceptable) action at the place designated acity. I further agree to
Name: Office Address: 10. Registered a Having been name in this application, comply with the pr	1200 South Pine Island Road Plantation gent's acceptance: Id as registered agent and to accept service of property in the proper and services of all statutes relative to the proper and segations of my position as registered agent.	P.O. Box or M., Florida, rocess for the agent and agred complete per	Iail Drop Box NO 33324 (Zip code) above stated corpore to act in this can	T acceptable) action at the place designated acity. I further agree to
Name: Office Address: 10. Registered a Having been name in this application, comply with the pr	CT Corporation System 1200 South Pine Island Road Plantation gent's acceptance: Id as registered agent and to accept service of proper in the proper and	P.O. Box or M, Florida, rocess for the eagent and agred complete per	Iail Drop Box NO 33324 (Zip code) above stated corpore to act in this can	T acceptable) action at the place designated acity. I further agree to
Name: Office Address: 10. Registered a Having been name in this application, comply with the pr and accept the obli	1200 South Pine Island Road Plantation gent's acceptance: If as registered agent and to accept service of p. I hereby accept the appointment as registered ovisions of all statutes relative to the proper and igations of my position as registered agent. (Registered agent's signary R. Adams, Assistant Sections)	P.O. Box or M. Tocess for the agent and agred complete per mature) Cretary	Iail Drop Box <u>NO</u> 33324 (Zip code) above stated corpore to act in this cape formance of my du	T acceptable) ation at the place designated acity. I further agree to ties, and I am familiar with
Name: Office Address: 10. Registered a Having been name in this application, comply with the pr and accept the obli	1200 South Pine Island Road Plantation gent's acceptance: If as registered agent and to accept service of provisions of all statutes relative to the proper and agents of my position as registered agent. (Registered agent's significant agent's	P.O. Box or M. P.O. Box or M. Florida, Florida, rocess for the cagent and agred complete per per per per per per per per per pe	Iail Drop Box NO 33324 (Zip code) above stated corpore to act in this capa formance of my du	of this application to the

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

of which it is incorporated.

A. DIRECTO	RS (Street address only - P.O. Box NOT acceptable)	
Chairman:	(<u></u>
	· · · · · · · · · · · · · · · · · · ·	
-		
Vice Chairman	·	
Address:		
		
Director:		<u> </u>
Address:		Zer
		103
Director:		
		T3.
		TE B
B. OFFICEF	RS (Street address only - P.O. Box NOT acceptable)	52 = 0
President:	Farrell L. Preston	\$ 3
Address:	260 SW Eleanor Drive	
	Cleveland TN 37323	
Vice President:	Connie K. Preston	
	260 SW Eleanor Drive	
	Cleveland TN 37323	
Secretary:		
Address:		
. radii 033		
Treasurer:	Connie K. Preston	
Address:	260 SW Eleanor Dr	
	Cleveland TN 37323	
NOTE: If nec	essary, you may attach an addendum to the application listing additional officers and/or	directors
13. Com	μ D μ D A	directors.
13. <u>Cell</u>	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the app	lication)
14.	Connie K. Preston Vice President	,
	(Typed or printed name and capacity of person signing application)	<u> </u>

Secretary of State **Corporations Section** James K. Polk Building, Suite 1800 Nashville, Tennessee 37243-0306

ISSUANCE DATE: 10/03/1997 REQUEST NUMBER: 3394-3368 TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 07/07/1997 STATUS: ACTIVE CORPORATE EXPIRATION DATE: PERPETUAL CONTROL NUMBER: 0333989 JURISDICTION: TENNESSEE

PRESTON MANAGEMENT CIN. AT: CONNIE PRESTON 260 ELEANOR DR SW CLEVELAND, TN 37323

REQUESTED BY: PRESTON MANAGEMENT CIN. AT: CONNIE PRESTON 260 ELEANOR DR SW CLEVELAND, TN 37323

CERTIFICATE OF EXISTENCE

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

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 ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED; AND
THAT ARTICLES OF TERMINATION OF CORPORATE EXISTENCE HAVE NOT BEEN FILED



FOR: REQUEST FOR CERTIFICATE

ON DATE: 10/03/97

RECEIVED:

FEES \$10.00

\$10.00

TOTAL PAYMENT RECEIVED:

\$20.00

RECEIPT NUMBER: 00002189846 ACCOUNT NUMBER: 00270121



CONNIE K. PRESTON 260 SW ELEANOR SW

CLEVELAND, IN 37323-0000

FROM:

RILEY C. DARNELL SECRETARY OF STATE