F98000000000004/

•	ification/Tax Lien Section on of Corporations	
SUBJECT:	THE SEQUOPA GROUP, INC. (Name of corporation - must include suffix)	
Jabjeen _	(Name of corporation - must include suffix)	·
Dear Sir or N	Madam:	
The enclosed Florida", "Co foreign corpo	d "Application by Foreign Corporation for Authorization to Transact Business is certificate of Existence", and check are submitted to register the above reference or to transact business in Florida.	in :ed 1/14
Please return	n all correspondence concerning this matter to the following:	DIVISION
	RICHARD ALTHOFF (Name of Person)	ON OF CI
	RICHARD ALTHOFF (Name of Person) SECUOYA GROW, FAC. (Firm/Company)	ED OF STAT
	(Firm/Company) 75 Cocomul Ave (Address)	TONS
	SARASOTA, FL	
	(City/state/Zip) 0000023994 -01/14/98-0100 ******78.75 ***	39001 ****78.75
Should you	need to call someone concerning this matter, please call:	
Ricita	e of Person) 941 at (955 5574) (Area Code & Daytime Telephone Number	er)

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. The Sequoya Group, 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. Tennessee 3. 62-163077/
(State or country under the law of which it is incorporated) (FEI number, if applicable) 4. 2-15-96 5. βεγρετος!
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual") 6. Requesting January 98

(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) 7. Suite 5-700 IIII North share Drive

Knoxuille, Tr. 37919-4047

(Current mailing address) Consulting Services /
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) 9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Name: Nicora Francisco

Office Address: 75 Coconut Ave

Sarasota, Fl 7, Florida, 34236
(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.

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.

(Registered agent's signature

	RICHARD ACTHER	
\ddress:	75-17 75 COCONUT AVE	
	Sarasota Fl 34236	
/ice Chairma	n:	
Address:		
		
irector:		
Address:	<u> </u>	
Address:		86
	DC (Cturet address only D. O. Daw NOT accordable)	98 JAN 14 PM 2: 24
	RS (Street address only- P. O. Box NOT acceptable)	
resident:	Richard Althoff	2
Address:	15 COCONNY NVE	_ <i>iò</i>
	Savason - F1 84236	~
	t:	
Address:		
	Martha Althoff	
ecretary:	75 Cocoanut Mrc	
\ddress:	Salasota, F1 34236	
<u></u>		
	-	
\ddress:		
		—
OTE: If ne	cessary, you may attach an addendum to the application listing addition directors.	tional
officers and/o	or directors.	
3	Salt Class	
	1 0 00 1 171 00 1 1 10 0 1 1 1 1 1 1 1 1	1
(Signati	ure of Chairman, Vice Chairman, or any officer listed in number 12 of the application	n)

12. Names and addresses of officers and/or directors: (Street addresses Y- P. O. Box

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

ISSUANCE DATE: 01/07/1998 REQUEST NUMBER: 98007058 TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 02/15/1996 STATUS: ACTIVE CORPORATE EXPIRATION DATE: PERPETUAL CONTROL NUMBER: 0307485 JURISDICTION: TENNESSEE

CAPITAL FILING SERVICE, INC 7051HIGHWY 70S NO 333 NASHVILLE, TN 37221

REQUESTED BY: CAPITAL FILING SERVICE, INC 7051HIGHWY 70S NO 333 NASHVILLE, TN 37221

CERTIFICATE OF EXISTENCE

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT "THE SEQUOYA GROUP, 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 THE MOST RECENT CORPORATION ANNUAL REPORT REQUIRED HAS BEEN FILED WITH THIS OFFICE; AND THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED; AND THAT ARTICLES OF TERMINATION OF CORPORATE EXISTENCE HAVE NOT BEEN FILED

FOR: REQUEST FOR CERTIFICATE

CAPITAL FILING SERVICE, INC. 7051 HWY 70 S

NASHVILLE, TN 37221-0000

ON DATE: 01/07/98

FEES

\$140.00

\$140.00

TOTAL PAYMENT RECEIVED:

RECEIVED:

\$280.00

RECEIPT NUMBER: 00002224574 ACCOUNT NUMBER: 00101230



RILEY C. DARNELL SECRETARY OF STATE