Oualification/Tax Lien Section TO: Division of Corporations

500002413135---02/02/98--01146--009 *****61.25 ******61.3

SMITHFIELD

CAPITAL

CORPORATION

(Name of corporation - must include suffix)

500002419135---02/10/98--01040--002 ******8.75 ******8.75

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:

W98-234

CORPOR CAPITAL SMITHF IELD (Firm/Company) B ROAD PALM (Address) SEWALLS POINT (City/State/Zip)

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:

Oualification/Tax Lien Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

February 3, 1998

PHILIP W. SCHUCK SMITHFIELD CAPITAL CORPORATION 8 PALM RD. SEWALLS POINT, FL 34996

SUBJECT: SMITHFIELD CAPITAL CORPORATION

Ref. Number: W98000002347

We have received your document for SMITHFIELD CAPITAL CORPORATION and check(s) totaling \$61.25. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$8.75. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of \$1000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report fees due this office.)

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6093.

Freta Lott Corporate Specialist Supervisor

Letter Number: 198A00005941

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:

			•		
SMITHFILD	CAPITAL	CORPO	RATION		 =
(Name of corporation: must include words or abbreviations of like important in include words or abbreviations of like important in its positions of the contract of the contra	the word "INCORPO	RATED", "COM	IPANY", "CORPOR	ATION" or	
words or abbreviations of like impo- natural person or partnership if no	ort in language as will t so contained in the n	ame at present.)	mat it is a corporation		
2. THEWAL? (State or country under the law of		3	(FEI number, i	f applicable)	
(State or country under the law of	which it is incorporate	d)	(PEI hamber, i		
12 FEB	1996	5	PERETURL		-
4. 12 FEB (Date of Incorporation)	. v	(Duration	: Year corp. will cea petual")	se to exist out	
	1	per.	petuar)	333	
Jan Market	FICATION	()			
6. Date first transacted business	in Florida. (SEE SECT	IONS 607.1501, 6	07.1502, AND 817.15	55.F.S.)	
` 7					
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8 form Pos	D . 321	NALLS	POINT	モ 乙	3499
8 Parm Roa	D , SZ((Current mail	ωΔLLS ing address)	POINT	F2	3499
					3499
					3499
8. FMANCIAL (Purpose(s) of corporation author	MANA62 orized in home state or	country to be ca	rried out in the state	of Florida)	<u>349</u> °
8. FMANCIAL (Purpose(s) of corporation author) 9. Name and street address of	MANA62 orized in home state or	country to be ca	rried out in the state	of Florida)	<u>349</u> °
8. FMANCIAL (Purpose(s) of corporation authors) 9. Name and street address of acceptable)	MANAと prized in home state or Florida registere	country to be ca	rried out in the state D. Box or Mail Dr	of Florida)	3499
8. FMANCIAL (Purpose(s) of corporation author 9. Name and street address of acceptable) Name: Rail 1	MANNES orized in home state or Florida registere	country to be cand agent: (P.C	rried out in the state D. Box or Mail Dr	of Florida) op Box <u>NOT</u>	
8. FMANCIAL (Purpose(s) of corporation author 9. Name and street address of acceptable) Name: Rail 1	MANNES orized in home state or Florida registere	country to be cand agent: (P.C	rried out in the state D. Box or Mail Dr	of Florida) op Box <u>NOT</u>	
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8. FMANCIAL (Purpose(s) of corporation author 9. Name and street address of acceptable) Name: Rail 1	MANNES prized in home state or Florida registere B PALM WALLS	country to be cand agent: (P.C	rried out in the state D. Box or Mail Dr	of Florida) op Box <u>NOT</u>	

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.

(Registèred 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.

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

State of Delaware

Office of the Secretary of State PAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SMITHFIELD CAPITAL CORPORATION" 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 TWENTY-FIRST DAY OF JANUARY, A.D. 1998.



Edward J. Freel, Secretary of State

AUTHENTICATION:

8877025

DATE:

01-21-98

2591092 8300