

F98000001110

TRANSMITTAL LETTER

TO: Qualification/Registration Section
Division of Corporations

SUBJECT: DRY VALLEY ENTERPRISES, INC.
(Name of Corporation)

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", and check are submitted to register the above referenced not for profit corporation to conducts its affairs in Florida.

Please return all correspondence concerning this matter to the following:

ROBERT J TESTER
(Name of Person)

DRY VALLEY ENTERPRISES INC
(Firm/Company)

1700 SHERMAN AVENUE, LOT 17
(Address)

PANAMA CITY FL 32405
(City, State and Zip Code)

300002441709--0
-02/26/98-01064-019
****70.00 ****70.00

For further information concerning this matter, please call:

ROBERT J TESTER at (850) 747 - 0081
(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

Call when Ready

894-2613

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 FEB 26 PM 2:06

mtu

2/26

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR
AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR
AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

1. DRY VALLEY ENTERPRISES, INC.

(Name of corporation: must include the word "INCORPORATED" or "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. "Company" or "Co." may not be used as a corporate suffix by a nonprofit
corporation.)

2. Deleware

(State or country under the law of which
it is incorporated)

3. 59-3393997

(FEI number, if applicable)

4. 3/24/93

(Date of Incorporation)
"perpetual")

5. Perpetual

(Duration: Year corp. will cease to exist or

6. 2/26/98

(Date corporation first conducted Affairs in Florida -
See sections 617.1501, 617.1502, and 817.155, F.S.)

7. 1700 Sherman Avenue, Lot 17

Panama City, FL 32405

(Current mailing address)

8. Any purpose and all lawful purposes for which a corporation

may lawfully conduct business.

(Purpose(s) of corporation authorized in home state or country to be carried
in the state of Florida)

9. Name and street address of Florida registered agent:

ROBERT J. TESTER

(Name)

1700 Sherman Avenue, Lot 17

(Office address)

PANAMA

CITY

(City)

, Florida, 32405

(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.

✓ Robert J. Tester

(Registered agent's signature)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 FEB 26 PM 2:06

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: ROBERT J. TESTER

Address: 1700 SHERMAN AVENUE LOT 17

PANAMA CITY FL 32405

Director: _____

Address: _____

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

President: _____

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.

13. ✓ Robert J. Tester
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

Robert J. TESTER

(Typed or printed name and capacity of person signing application)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 FEB 26 PM 2:06

State of Delaware
Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DRY VALLEY ENTERPRISES, INC." 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 NINTH DAY OF FEBRUARY, A.D. 1998.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 FEB 26 PM 2:06



A handwritten signature in cursive script, reading "Edward J. Freel".

Edward J. Freel, Secretary of State

2330133 8300

981050799

AUTHENTICATION: 8910680

DATE: 02-09-98