Oualification/Tax Lien Section To: Division of Corporations (Name of corporation - must include suffix) -03/06/98--01013--001 Dear Sir or Madam: *****78.75 *****78.75 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: (City/State/Zip) Should you need to call someone concerning this matter, please call:

COURIER ADDRESS:

Qualification/Tax Lien Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399

MAILING ADDRESS:

(Area Code & Daytime Telephone Number)

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

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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 AFOREIGN 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.)
2. State or country under the law of which it is incorporated) 3. 31-141113 (FEI number, if applicable)
4. Oct 13, 1995 (Date of incorporation) 5. PERPET DAL (Duration: Year corp. will cease to exist or "perpetual")
6. FEB 37 99 8 (Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. RAMED DISTRIBUTIONS / NC. SID FLOUGHAS ANE SUITE 1031 ALATAMENTE SPRINCES Fr. 32114 (Current mailing address)
(Current mailing address) 8. STRIBUTOR OF SERAING OM POUNAS & EQUIPMENTO SERVICE (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)
Office Address: SIO DOUGLAS AVE SUITE 1031 ALATAMONTE SPRINGS., Florida, 3014 (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. [Registered 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. Name	s and addresses of officers and/or directors. (Silver address ONLT - 1.0. Dox NOT acceptable)
	CTORS (Street address only - P.O. Box NOT acceptable)
Chairman:	JANES (S. KANSE)
Address:	1118 DINTRE SPRINCES BURG. DINTRE SPENCES FL. 32108
Vice Chair	man:
Address:	
Director:	MELANIE D. RAMSEY 1118 DINTER SPRINGS BAND DINTER SPRINCES FL. 32708
Address:	1118 DINTER SPRIJES BAND DINTER SPRIJES FL. 32708
Director:	
Address:	
	CERS (Street address only - P.O. Box NOT acceptable)
	1118 DINTER SPRINGES BAVA.
	Lis SPRINGS FL 32708
Vice Presi	dent:
	98
	SECRETAR NO.
Secretary:	MELANIE D. RAMSE/ SCHOOL BLYA 1118 NINTER SPRINCES BLYA - SOI
Address:	1) 18 DINTER SPRINGS BLYA - SU
Treasurer:	MELANIE D. RAYSE!
Address:	1118 DINTER SPENCES BLAD
	WINTER SPRINGS FL. 72108
NOTE:	If necessary, you may attach an addendum to the application listing additional officers and/or directors.
13	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
14	JANIEL G. RAMSE / PRESIAGNIT (Typed or printed name and capacity of person signing application)

UNITED STATES OF AMERICA, STATE OF OHIO, OFFICE OF THE SECRETARY OF STATE.

I. Bob Taft, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign corporations and Miscellaneous filings; that said records show RAMCO DISTRIBUTING INC., an Ohio corporation, Charter No. 920737, having its principal location in Columbus. County of Franklin, was incorporated on October 23, 1995 and is currently in GOOD STANDING upon the records of this office.

DIVISION OF CORPORATIONS

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WITNESS my hand and official seal at Columbus, Ohio this 12th day of February, A.D. 1998

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Bob Taft Secretary of State