TO: Qualification/Tax Lien Section Division of Corporations

SUBJECT: ABSOLUTE FIXTURE SERVICES, INC.

(Name of corporation - must include suffix)

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:

KRISTOPHER JOHNSON

(Name of Person)

ABSOLUTE FIXTURE SERVICES, INC.

(Firm/Company)

7045 Oak Grove Boulevard

(Address)

Richfield, Minnesota 55423

(City/State/Zip)

Should you need to call someone concerning this matter, please call:

800002486628--9 -04/13/98--01085--003 ******78.75 *****78.75

Kristopher Johnson

(Name of Person)

at (612) 703-9938

(Area Code & Daytime Telephone Number)

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

STF FL32376F.2

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:

1.	ABSOLUTE FIXTURE SERVICES, INC.			
	(Name of corporation: must include the word "INCORPORATE of like import in language as will clearly indicate that it is a co contained in the name at present.)		·	
2.	Minnesota	_3.	41-1768058	
	(State or country under the law of which it is incorporated)		(FEI number, if applicable)	
4.	January 10, 1994	5.	Perpetual	
	(Date of Incorporation)		(Duration: Year corp. will cease to exist or "perpetual")	
6.	April 8, 1998		<u>.</u>	
		EC.	FIONS 607.1501, 607.1502, AND 817.155, F.S.)	
7.	7045 OAK GROVE BLVD		ALL CO	
	RICHFIELD MN 55423		ETASSET I	
(Current mailing address)				
8.	Installation and special fixturing	fo	r retailers and manufacturers.	
	(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)			
9.	9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)			
Name: Darwin Sylvester Girtz				
Office Address: 4726 Winchester Drive				
	Sarasota		, Florida, 34234	
			(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. 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: Kristopher Johnson 7045 Oak Grove Blvd. Address: _____ Richfield, Minnesota 55423 Vice Chairman: Darwin Girtz 4726 Winchester Drive Address: Sarasota, Florida 34234 Director: Address: Director: Address: B. OFFICERS (Street address only- P. O. Box NOT acceptable) President: Kristopher Johnson Address: _____7045 Oak Grove Blvd. Richfield, Minnesota 55423 Vice President: Drawin Girtz Address: 4726 Winchester Drive Sarasota, Florida 34234 Secretary: Address: Address: **NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Kristopher Johnson, President and Chairman of the Board

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

state of Minnesota

SECRETARY OF STATE

Certificate of Good Standing

I, Joan Anderson Growe, Secretary of State of Minnesota, do certify that: The corporation listed below is a corporation formed under the laws of Minnesota; that the corporation was formed by the filing of Articles of Incorporation with the Office of the Secretary of State on the date listed below; that the corporation is governed by the chapter of Minnesota Statutes listed below; and that this corporation is authorized to do business as a corporation at the time this certificate is issued.

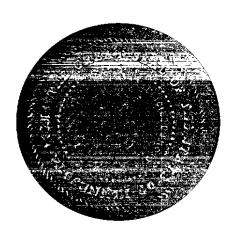
Name: Absolute Fixture Services, Inc

Date Formed: 01/10/1994

Chapter Governed By: 302A

This certificate has been issued on 03/06/98.

98 APR 13 PN 2: 41
SECRETARY OF STATE



Joan anderson Grove Secretary of State.