THE UNITED STATES

ACCOUNT NO. : 072100000032__

REFERENCE 799681

COST LIMIT : \$ 70.00

ORDER DATE: April 29, 1998

ORDER TIME : 9:42 AM

ORDER NO. : 799681-005

500002508925---6

CUSTOMER NO: 7151538

CUSTOMER:

CORPORATION

The Company Corporation

Suite 3410

1313 N. Market Street

Wilmington, DE 19801-1150

FOREIGN FILINGS

NAME: COSTA RICA COFFEE COMPANY

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Stacy L Earnest

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section Division of Corporations		
SUBJECT: COSTA RICA COFFEE COMPANY (Name of corporation - must include suffix)		_
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Flor "Certificate of Existence", and check are submitted to register the above referenced foreign corporations transact business in Florida.	ida", ration t	o
Please return all correspondence concerning this matter to the following:		
Name of Person)		-
(Name of Person)		
COSTA RICA COFFEE GAPANY (Firm/Company)		
(Firm/Company)	• •	9.
447 3PD AUE. N #306 (Address) ST. PETERSBURG, FZ. 3370/ (City/State/Zip)	AVW 86	SECR VISION
(Address)	γ-h	
ST. PETERSBURG, FZ. 33701		
(City/State/Zip)	AM 10: 35	ST ST
	ယ်	
Should you need to call someone concerning this matter, please call:	ហ	Magnet 1 Life Design 1 prints 1 prints
JERONE J. ODELL at (813, 822-7207	_	
(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



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

May 4, 1998

CSC

RESUBMIT

Please give original submission date as file date.

SUBJECT: COSTA RICA COFFEE COMPANY

Ref. Number: W98000009924

We have received your document(s) in this office, however, a copy of the document is being returned for the following:

You must list your Federal Employer Identification Number in the appropriate block. If applied for, enter "applied for", or if not applicable, enter "N/A".

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) 487-6095.

Jennifer Sindt Document Examiner

Letter Number: 898A00024306

SECRETARY OF STATE DIVISION OF CORPORAL MAIN

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANC REGISTER A EO	RE WITH SECTION 607.1303, PLORIDA STATUTES, THE POLLOWING IS SODIVITTED A PREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.	.0
ALGIST EXATE	0 1 1 1 1 1 1 1 1	
1. <u>COST/</u>	Oration; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or	
words or abbrev	viations of like import in language as will clearly indicate that it is a corporation instead of a	
natural person o	or partnership if not so contained in the name at present.)	
7		
2. DE.	3.	
(State or country	y under the law of which it is incorporated) (FEI number, if applicable)	
4. FC15	18, 1995 5. <u>YERPETUAL</u>	
(Da	ate of incorporation) (Duration: Year corp. will cease to exist or "perpetual")	
6. UPS	10x, lifection	<u>.</u>
(Date firs	st transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)	
. 447	320 AVEN. #306	
7	PETED CHURCH FL. 33701	OIV.
0%	V 07 4/63 00/00);	SEC.
	(Current mailing address)	. 27 2 ≥6
$\alpha \alpha \alpha \alpha$	-ORDER OF COFFEE, TEAS, &UITIMENS	
8. /////C	e(s) of corporation authorized in home state or country to be carried out in state of Florida)	
	•	2 ESTA
9. Name and st	reet address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)	n ≟m
Name:	CORPORATION SERVICE COMPANY	- 7 1
Tanto.		
Office Address:	1201 HAYS STREET	
	TALLAHASSEE , Florida, 32301	
	, Fiolida, 32301 (Zip code)	
	/ F	
10. Registered	agent's acceptance:	
Uanina haan nam	ned as registered agent and to accept service of process for the above stated corporation at the plac	e designated
in this application	n, I hereby accept the appointment as registered agent and agree to act in this capacity. I further (agree to
	provisions of all statutes relative to the proper and complete performance of my duties, and I am for	ımiliar with
ana accept the ob	oligations of my position as registered agent.	
	Rise Mully	
	(Registered agent's signature)	
11. Attached is a	certificate of existence duly authenticated, not more than 90 days prior to delivery of this application	n to the
Department of Sta	ate, by the Secretary of State or other official having custody of corporate records in the jurisdiction	under the law

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

of which it is incorporated.

A., DIRECTORS (Street address only - P.O. Box NOT acceptable)		
Chairman: JEROME J. ODELC		
Address: 1535 EDEN ISCE BLUD. N.E.		-
ST. PETERS BURG FL 53704		
		· · · · · · · · · · · · · · · · · · ·
Vice Chairman:		
Address:		
Director:		
Address:		
Director:		
Address:		
Address:		
B. OFFICERS (Street address only - P.O. Box NOT acceptable)		
President: JEROME J. ODELL	486	IV.SET
President: 1500 500 1 151 500 110 110	-<	- <u>2</u> #
Address: 1535 EDEN ISLE BLUD, N.E.		
IT, PETERSWRY, FC. 33074	7	<u> </u>
Vice President:	Ö.	TATE OF THE PERSON OF THE PERS
Address:	ن	ared have
Address:		
Secretary:		
Address:		
Treasurer:		
Address:		
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.		
Verge 1 Cally		
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)		
14. JEROME J. ODELL, PRES. & C.E.O.		
(Typed or printed name and capacity of person signing application)		

State of Delaware

Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COSTA RICA COFFEE COMPANY" 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 FIRST DAY OF MAY, A.D. 1998.

DO HEREBY FURTHER CERTIFY THAT



Edward J. Freel, Secretary of State

2857742 8300 AUTHENTICATION:

9058639

981168065

DATE:

05-01-98