2687

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section Division of Corporations
SUBJECT: Tropical + Native, 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: Thomas S. Lentherhory (Name of Person)
(Firm/Company) 1708 BUENA VISTA (Address) PASCA GOULA, MS 39567 (Cit Start Time)
PASCA GOULA, MS. 39567 (City/State/Zip)
Should you need to call someone concerning this matter, please call: 20002510252
Thomas heatherbory at (228) 769 - 2843 (Name of Person) (Area Code & Daytime Telephone Number)
COURIER ADDRESS: MAILING 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



FILED

98 MAY 1 2 AM 10: 28

SECRETARY OF STATE TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

May 5, 1998

THOMAS S. LEATHERBURY TROPICAL & NATIVE, INC. 1708 BUENA VISTA PASCAGOULA, MS 39567

SUBJECT: TROPICAL & NATIVE, INC.

Ref. Number: W98000010015

We have received your document for TROPICAL & NATIVE, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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) 487-6094.

Letter Number: 198A00024540

Agnes Lunt Document Specialist

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

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. Tropical Holive FNC, (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. M'55/55'00' (State or country under the law of which it is incorporated) 3. 72-1378/97 (FEI number, if applicable)
4. <u>S-20-97</u> 5. <u>99 years</u> (Date of incorporation) 5. <u>Unration</u> : Year corp. will cease to exist or "perpetual")
6.
7. 1708 Buena Vista. PASCA GOULA, Ms. 39567 (Current mailing address)
8. Nursery Stock Dealer (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) Name: HARVEY R. BULUS TT Office Address: 12420 Sw 248 5T PRINCETON Florida, 33037 (Zip code) TOTAL SECRETARY OF TOTAL SECRETARY OF THE SECR
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)

nairman:	eet address o	1					
idress:						• • • • • • • • • • • • • • • • • • • •	
Rifess:						ي م	 გ
ce Chairman:						FCR	37
ldress:						PSS 7	99 111
•						ME	# O
rector:						ORIT	28
						, v	
dress:					-		
			-	-			
rector:							
dress:				 			
sident: Thom dress: 1708 e President:					<u></u>		
iress:		· · ·					=
retary: <u>Rose</u>	had S.	Leather	bury				
iress: <u>803</u>	W. FAM	15 worth	AVe.				
PASCA	gowla	Ms, 39	367		ijs Mjas		
asurer:			<u> </u>		-		
dress:		,		-			
	you may attac	h an addendun	to the applicat	ion listing addi	tional officers	and/or directors.	
TE: If necessary,	*.	-A		· · · · · · · · · · · · · · · · · · ·	art for the con-		たりまれ 東 温度が表
2/1	Luth	Emus					• • • • • • • • • • • • • • • • • • • •
OTE: If necessary,	ature of Chair	man, Vice Cha	irman, or any o	fficer listed in	number 12 of 1	he application)	· · · · · · · · · · · · · · · · · · ·

State of Mississippi

Secretary of State's Office Eric Clark

Secretary of State Jackson, Mississippi



CERTIFICATE OF EXISTENCE/AUTHORITY

I, ERIC CLARK, Secretary of State of the State of Mississippi, and as such, the legal custodian of the corporate records, required by the laws of Mississippi, to be filed in my office, do hereby certify:

That on May 30,1997 the state of Mississippi issued a Charter/Certificate of Authority to:

TROPICAL & NATIVE, INC.

That the state of incorporation is MISSISSIPPI.

THAT THE PERIOD OF DURATION IS 99 YEARS.

That according to the records of this office, Articles of Dissolution or a Certificate of Withdrawal have not been filed.

That according to the records of this office, a current Annual Report has been delivered to the Office of the Secretary of State.

I further certify that all fees, taxes and penalties owed to this state, as reflected in the records of the Secretary of State, have been paid and that the corporation is in existence or has authority to transact business in Mississippi.

ARY OF SERVICE ARY OF MISSES

Given under my hand and seal of office April 27,1998

ERIC CLARK, Secretary of State