# F98000003851

#### . TRANSMITTAL LETTER

To: Qualification/Tax Lien Secti Division of Corporations	•
SUBJECT: SP	PORTEXE IN C
(1	Name of corporation - must include suffix) 100025185918 -05/11/3801074001
Dear Sir or Madam:	*****78.75 *****78.75
The enclosed "Application by Foreig "Certificate of Existence", and check transact business in Florida.	on Corporation for Authorization to Transact Business in Florida", are submitted to register the above referenced foreign corporation to
Please return all correspondence con	
Joe	(Name of Person)
<i>5pi</i>	(Firm/Company)
3038	(Address)
	(Address)
LAKE	WORTH, FLORIDA 33467-1414 (City/State/Zip)
	(City/State/Zip)
Should you need to call someone con	ncerning this matter, please call: $\omega98-10643$
SID NICHOILS	at (905) 892-6000
(Name of Person)	at (905) 892-6000 (Area Code & Daytime Telephone Number)
COURIER ADDRESS:	MAILING ADDRESS:
Qualification/Tax Lien Section	Qualification/Tax Lien Section ARR
Division of Corporations 409 E. Gaines St.	Division of Corporations P.O. Box 6327
Tallahassee, FL 32399	Tallahassee, FL 32314



#### FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

May 11, 1998

JOE SIMPSON SPORTEXE INC. 3038 PINEHURST DRIVE LAKE WORTH, FL 33467-1414

SUBJECT: SPORTEXE INC. Ref. Number: W98000010643



We have received your document for SPORTEXE INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the DOCUMENT SPECIALIST indicated.

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.

Agnes Lunt Document Specialist

Letter Number: 498A00025958

# RESOLUTION OF BOARD OF DIRECTOR SAFETARY OF STATE (Please print or type)

I, the undersigned Joseph D. Simpson Vn., do hereby certify that this Resolution of the Board of Directors of Spuntere INC (Corporate Name) a corporation duly organized and existing under the laws of the State of DELAWARE,
was duly adopted on May 15, 1998. organized and existing in the State of \_\_\_\_\_\_, hereby adopts the name TRIEVE MANAGEMENT GROUP INC. for use in Florida. Dated: MAY 15/1998 rayman, Vice Chairman or any officer D. Simpson Va.

INHS19(4/96)

### APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATU. REGISTER A FOREIGN CORPORATION TO TRANSACT BUSI	•	
1. SPORTEXE INC.		
(Name of corporation; must include the word "INCORPORATED", words or abbreviations of like import in language as will clearly ind natural person or partnership if not so contained in the name at present	licate that it is a corporation instead o	or fa
2. DELAWARE  (State or country under the law of which it is incorporated)  3.	650816848	
(State or country under the law of which it is incorporated)	(FEI number, if applicab	le)
4. MARCH 14, 1997 5. (Duration) (Duration)	PER PETUAL  n: Year corp. will cease to exist or "1	perpetual")
6. Now E VET  (Date first transacted business in Florida.) (SEE SECTIONS 6		
7. 3038 PINEHURST	PRIVE	
7. 3038 PINEHURST LAKE WORTH, 1	FLORIDA 33467-1.	414
(Current mailing address)		
8. INSTALLATION OF RECREATIONAL & Spotensial	nts Antificm Sunface  y to be carried out in state of Florida)	16: MINI BOOK
9. Name and street address of Florida registered agent: (P.O.	Box or Mail Drop Box NOT acce	eptable)
Name: JOSEPH D. SIMPSON VA.	.— ·	78E 8E
Office Address: 3038 PINEHURET DRIVE		CRETZ NHAV
LAKE WORTH,	, Florida, 33 467-1414 (7in code)	
Name: JOSEPH D. SIMPSON VR.  Office Address: 3038 PINTHUMET DRIVE  LAKE WORTH,  10. Registered agent's acceptance:  Having been named as registered agent and to accept service of procein this application, I hereby accept the appointment as registered agent comply with the provisions of all statutes relative to the proper and coand accept the obligations of my position as registered agent.	(Zip code)	F STATE
Having been named as registered agent and to accept service of process in this application, I hereby accept the appointment as registered agent	ess for the above stated corporation and agree to act in this capacity.	t the place designated I further agree to
(Registered agent's signatu	ire)	
11. Attached is a certificate of existence duly authenticated, not more Department of State, by the Secretary of State or other official having of the Secretary of State or other official having of State or other official having of the Secretary of State or other official having of the Secretary of State or other official having of the Secretary of State or other official having of the Secretary of State or other official having of the Secretary of State or other official having of the Secretary of State or other official having of the Secretary of State or other official having of the Secretary of State or other official having of the Secretary of State or other official having of the Secretary of State or other official having of the Secretary of State or other official having of the Secretary of State or other official having of the Secretary of State or other official having of the Secretary of State or other official having of the Secretary of State or other official having of the Secretary of State or other official having of the Secretary of State or other official having of the Secretary of State or other official having or other official having or other official having or other official having or other or other official having or other or othe	than 90 days prior to delivery of this custody of corporate records in the ju	application to the risdiction under the law

of which it is incorporated.

# SPORTEXE INC. NAMES & USUAL BUSINESS ADDRESSES OF CURRENT DIRECTORS & OFFICERS

	DIRECTOR	OFFICER
JOSEPH D. SIMPSON JR. 3038 PINEHURST DRIVE LAKEWORTH, FLORIDA 33467-1414	YES	PRESIDENT
MARK H. NICHOLLS C/O TRIEXE MANAGEMENT GROUP INC. 1809 MERRITTVILLE HWY. FONTHILL, ONTARIO CANADA LOS 1E6	YES	CHAIRMAN
DOUG PULLIN C/O TRIEXE MANAGEMENT GROUP INC. 1809 MERRITTVILLE HWY. FONTHILL, ONTARIO CANADA LOS 1E6	YĘS	VICE-PRESIDENT  SECRE TALLAH
SID O. NICHOLLS C/O TRIEXE MANAGEMENT GROUP INC. 1809 MERRITTVILLE HWY. FONTHILL, ONTARIO CANADA LOS 1E6	YES	SECRETARY 20 M 9: 15 TREASURER STATE TREASURER STATE TREASURER STATE TO STA

I HEREBY CERTIFY THAT THE ABOVE IS A LIST OF THE NAMES AND USUAL BUSINESS ADDRESSES OF THE CURRENT DIRECTORS & OFFICERS OF SPORTEXE INC.

DATE: APRIL 29, 1998

SIGNED:\_\_

SID O. NICHOLLS

SECRETARY SPORTEXE INC.

Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)	
DIRECTORS (Street address only - P.O. Box NOT acceptable)	
Airman: MARK H. NICHOLUS	
dress: 1809 METRITUILE HWY	
TONTHILL, ONTAMO CANADA	
ce Chairman:	98 TT
denoted by the state of the sta	
dress:	0 11
	3 3
ector:	0 6 0
dress:	of or
	Y
ector:	
dress:	
dress:	
OFFICERS (Street address only - P.O. Box NOT acceptable)	
sident: JOSEPH D. SIMPSON VA.	<del>*************************************</del>
LAKE WORTH, FL 33467-1414	
e President: DOVG PULLIN	
dress: 1809 MERRITVILLE Highway	····
FONTHELL, ONTANIO (ANADA	-3
retary: SID O. NICHOLLS	
dress: 1809 MENRITVILLE HIGHWAY	
tretary: SID O. NICHOLLS  diress: 1809 MENRITVILLE HIGHWAY  FONTHILL, ONTANIO CANADA	
asurer.	<del> </del>
·	
dress:	
TE: If necessary, you may attach an addendum to the application listing additional officers and/or director	rs.
Signature of Chairman, vice Chairman, or any officer listed in number 12 of the application)	
	)
(Typed or printed name and capacity of person signing application)	
** A.E E. E E A. E G E E E E E E E E	

## State of Delaware

#### Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "SPORTEXE 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 TWENTY-EIGHTH DAY OF APRIL, A.D.

1998.

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

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

98 MAY 20 AM 9: 15
SECRETARY OF STATE

Edward J. Freel, Secretary of State

AUTHENTICATION:

9050137

DATE:

04-28-98