

# F98000002973

## TRANSMITTAL LETTER

To: Qualification/Tax Lien Section  
Division of Corporations

SUBJECT: Premiere Seals, 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:

Mr. Gail Selby  
(Name of Person)

Premiere Seals  
(Firm/Company)

482 Knight Dr.  
(Address)

Tampon Springs, FL 34689  
(City/State/Zip)

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

Gail Selby at (813) 934-1904  
(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

98 MAY 26 AM 8:43

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

mtm  
5/27

**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. Premiere Seals Inc.  
(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. Arizona 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 2-10-98 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 2-1-98  
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 482 Knight Dr.  
TARPON SPRINGS, FL 34689  
(Current mailing address)

8. SALES OFFICE ONLY, HEAD QUARTERS IS IN ARIZONA  
(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: Gail Selby

Office Address: 482 Knight Dr.

Tarpon Springs, Florida, 34689  
(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.

Gail Selby  
(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.

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TALLAHASSEE, FLORIDA

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: Mr. Gail Selby

Address: 482 Knight Dr.

Tarpon Springs, FL 34689

Vice Chairman: " MR. GAIL Selby "

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS** (Street address only - P.O. Box NOT acceptable)

President: Mr. Gail Selby

Address: 482 Knight Dr.

Tarpon Springs, FL 34689

Vice President: " MR. GAIL Selby "

Address: \_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Gail Selby

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. GAIL Selby- President

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

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# STATE OF ARIZONA



Office of the  
**CORPORATION COMMISSION**

*To all to whom these presents shall come, greeting:*

*I, Jack Rose, Executive Secretary of the Arizona Corporation Commission, do hereby certify that*

**\*\*\*PREMIERE SEALS INC.\*\*\***

*a domestic corporation organized under the laws of the state of Arizona, did incorporate on February 10, 1998.*

*I further certify that this corporation has filed all affidavits and annual reports and paid all filing fees required to date and, therefore, is in good standing in this state.*

*IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the Arizona Corporation Commission. Done at Phoenix, the Capitol, this 22nd day of April, 1998, A. D.*



*Jack Rose*  
Executive Secretary

BY: *David C. Rose*

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