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TRANSMITTAL LETTER

To Outlification/Tay Lien Section	
To: Qualification/Tax Lien Section Division of Corporations	
SUBJECT: SEDDIQ & COUSINS INC.	
(Name of corporation - must include suffix)	
Dear Sir or Madam: 500025 -06/09/	5523656 9801028006 %.00.*****70 00
The enclosed "Application by Foreign Corporation for Authorization to Transact Business "Certificate of Existence", and check are submitted to register the above referenced foreign transact business in Florida.	in Florida", corporation to
Please return all correspondence concerning this matter to the following:	
SEDDIQ MUSTAFA (Name of Person)	•
SEDDIQE COUSINS INC	
(Firm/Company)	
6733-22 103 PD ST	
(Address)	
JACKSONVILLE FL 32210	_
(City/State/Zin)	

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

SEDDIQ MUSTAFA at (904) 771-6222

(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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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. SEDDIQ & COUSINS 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. General 3. 58-2362683
(State or country under the law of which it is incorporated)

4. July 8 1997 5. PERPETURE
(Date of incorporation)
(Duration: Year corp. will cease to exist or "perpetual") 6. June 15, 1998
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) 7_ 6733-22 103 RD ST

TAX FL 32210

(Current mailing address) 8. <u>General Business - Retail</u>
(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: $\frac{5EDD1D}{MUSTAFA}$ Office Address: $\frac{6733-22}{JAK}$, FL, Florida, $\frac{32210}{(7in code)}$ 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)	
SEANIO MUSTAFA	
Address: $\frac{6733-22}{\sqrt{14}} = \frac{10380}{\sqrt{14}} = \frac{57}{\sqrt{14}} = \frac{10380}{\sqrt{14}} = 103$	
JAY 1 FL 32210	····
Vice Chairman:	<u></u>
Address:	
Director:	
Address:	
Director:	
Address:	
-	 -
. OFFICERS (Street address only - P.O. Box NOT acceptable)	
resident: SEDDIO MUSTAFA	
ddress: 6733-22 103 RD ST	
JAX FL 32210	a2)
ice President:	
ddress:	
ecretary: MIRALBA MUSTAFA	
ddress: 6733-22 103rd 5T	
JAX FL 32210	
reasurer:	· · · · · · · · · · · · · · · · · · ·
ddress:	
OWE TO	
OTE: 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)	
SEDDIQ MUSTAFA PRESIDENT	
(Typed or printed name and capacity of person signing application)	

Secretary of State

Corporations Division Suite 315, West Tower 2 Martin Auther King Ir. Dr. Atlanta, Georgia 30334–1530 DOCKET NUMBER : 981500011
CONTROL NUMBER : 9725792
DATE INC/AUTH/FILED: 07/10/1997
JURISDICTION : GEORGIA
PRINT DATE : 05/30/1998

FORM NUMBER : 211

TIMOTHY H. HOWARD CPA, P.A. 3128 BEACH BLVD JACKSONVILLE, FL 32207

CERTIFICATE OF EXISTENCE

I, Lewis A. Massey, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

SEDDIQ & COUSINS, INC. A DOMESTIC PROFIT CORPORATION

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the abovenamed entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

SECRETARY OF STATE OIVISION OF CORPORATIONS
98 JUN -9 AM 10: 29



98 JUN-9 AM 10: 29 Lewis G. Massey

> Lewis A. Massey Secretary of State