

REFERENCE

845094

AUTHORIZATION

COST LIMIT : \$ 70.00

ORDER DATE: June 4, 1998

ORDER TIME : 9:51 AM

ORDER NO. : 845094-005

CUSTOMER NO: 7152045

CUSTOMER: Mr. Jeffrey R. Christensen Mr. Jeffrey R. Christensen

5732 South Semoran Blvd.

Building D

Orlando, FL 32822

500002562605---7

FOREIGN FILINGS

W98-13940

NAME: EXECORP INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

June 17, 1998

CSC

ATTN: JEANINE REYNOLDS

SUBJECT: EXECORP. INC. Ref. Number: W98000013940

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

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) 487-6958.

Lee Rivers Document Specialist

Letter Number: 298A00033636



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. EXECORP TNC (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. <u>State or country under the law of which it is incorporated</u> 3. <u>57-3509463</u> (FEI number, if applicable) |
| 4. 4-28-98 5. Perputual (Duration: Year corp. will cease to exist or "perpetual") |
| 6. Upon Qualification (Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.155, 25) |
| 7. S732 S. Semoran BUVD |
| Orlando FL 32822 (Current mailing address) |
| 8. Information Data Services (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida) |
| 9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Name: |
| Office Address: 5732 5. Semaran BLVD. |
| Orlando, Florida, 32822 |
| 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. |
| Corporation Service Company |
| (Pagistavad agent's signature) |

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to

incorporated.

delivery of this application to the Department of State, by the Secretary of State or other

having custody of corporate records in the jurisdiction under the law of which it is

NOT acceptable) A. DIRECTORS (Street address only- P.O. Box NOT acceptable) Chairman: Address: Vando FL 32825 Vice Chairman: Address: Director: Address: Director: Address: B. OFFICERS (Street address only- P.O. Box NOT acceptable) President: Address: Vice President: Address: Secretary: Address: Treasurer: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 13. (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)

12. Names and addresses of officers and/or directors: (Street address ONLY-P.O. Box

State of Delaware

Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "EXECORF 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 (DEENIH_DAT OF JUNE, A.D. 1998.

EFFECTIVE DATE OF THE SIXTEENTH DAY OF

OF THIS ro∰ TRANSACT





AUTHENTICATION:

9139461

981230961

8300

2889004

DATE:

06-16-98