F9800003522

To: Qualification/Tax Lien Section Division of Corporations	
SUBJECT: STEPHENSON INTERIORS, INC	·
(Name of corporation - must include suffix)	
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Authorization to Transact Busin "Certificate of Existence", and check are submitted to register the above referenced fore transact business in Florida.	ess in Florida", ign corporation to
Please return all correspondence concerning this matter to the following:	
HARRIET STEPHEN SON (Name of Person)	
STEPHENSON SWYERIORS, INC. (Firm/Company)	2 .
30 YERRACE AVE. (Address)	- w98-13581
NIANTIC OF 06357 (City/State/Zip)	
Should you need to call someone concerning this matter, please call:	25583593 12/9801057005 **70.00 *****70.00
(Name of Person) (Name of Person) (Area Code & Daytime Telephone No.	$\frac{1}{10000000000000000000000000000000000$
COURIER ADDRESS: MAILING ADDRESS:	DIVISION OF CAR. 98 JUN 22
Qualification/Tax Lien SectionQualification/Tax Lien SectionDivision of CorporationsDivision of Corporations409 E. Gaines St.P.O. Box 6327	FILED TARY OF S 22 PHIZ

Tallahassee, FL 32314

Tallahassee, FL 32399



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

June 12, 1998

HARRIET STEPHENSON STEPHENSON INTERIORS, INC. 30 TERRACE AVE. NIANTIC, CT 06357

SUBJECT: STEPHENSON INTERIORS, INC.

Ref. Number: W98000013581

We have received your document for STEPHENSON INTERIORS, 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) 487-6095.

Letter Number: 598A00033033

Jennifer Sindt Document Examiner SEGRETARY OF STATE OF THE STATE OF COMPUTED STATE OF COMPUTED STATE OF THE STATE OF

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. STEPHENSON INTERIORS, 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.) (State or country under the law of which it is incorporated)

3. 06 - /337333 (FEI number, if applicable) (Date of incorporation)

5. PERDETUGE

(Duration: Year corp. will cease to exist or "perpetual") (Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) 7. 30 TERRUCE AVE. NIANTIC OF 06357
(Current mailing address) (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 HARRIET STEPHENSON SHADOW LAWN DR 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.

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) HARRIET STEAHENSON Address: 1) 30 TERRACE ACE, NIANTIE CT 06B57 5548 SHABOO LAURN DR. Salabora, F1 34242 Vice Chairman: ROOER STEAKENSON Address: 1.) 30 TERRACE AVE., NIANTIC, CS 06357 2) 5548 SHABOW LAWN DA. SORGEOTOS, FT 34242 Director: Address: _ B. OFFICERS (Street address only - P.O. Box NOT acceptable) President: HARRIES STEPHENSON Address: _____ SHOTE AS Above Vice President: ROGER STEAKENSON Secretary: ROGER STEPHENSON Treasurer: HARRIET STEPHENSON Address: NOTE: 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) 14. (Typed or printed name and capacity of person signing application)

Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State, and keeper of the seal thereof, DO HEREBY CERTIFY, that

STEPHENSON INTERIORS, INC.

incorporated under the laws of Connecticut is in existence.

Secretary of the State ___

Miles S. 14

Date Issued: May 19, 1998

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