TRANSMITTAL LETTER

•	alification/Tax Lien Section ision of Corporations			
SUBJECT:	IVAN THE TO	RTLE INC		
	•	(Name of corporation - must i	include suffix)	
Dear Sir or l	Madam:		0000C -87 **	025815903 /07/3801071003 ***78.75 *****78.75
"Certificate		orporation for Authorization t submitted to register the above		
Please return	n all correspondence concerni	ing this matter to the followin	ıg:	
	SEBASTIEN 1	MENTIENNE (Name of Person)		
	LEON CONST	ANTIN AND CO (Firm/Company)	No. of the state o	= 1. 0
	575 MADISON	V AVENUE 25 Th (Address)	FLOOR	T SECRET
	NEW YORK	N > (0022 - 25) (City/State/Zip)	()	JUL -7 PH
	,	(City/State/Zip)		PH 3: 3
Should you	need to call someone concern	ing this matter, please call:		
	TEN MENTIENNE ame of Person)	at (212) >55- (Area Code & Daytin		per)
				AJ1/7/98
COURIER	ADDRESS:	MAILING A	DDRESS:	1/1/1/10
Qualification	1/Tax Lien Section	Qualification/	Tax Lien Section	7 .

Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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.

	THE STATE OF	F FLORIDA.
1. IVANTHE TURTLE	TNC	
(Name of comoration, must include at		
words or abbreviations of like import in the	ord "INCORPORATED", "COMPANY", "CORPOR aguage as will clearly indicate that it is a corporation ained in the name at present.)	ATTON" a-
natural person or partnership if not so conta	iguage as will clearly indicate that it is a corporation	inged of
- F out of partitetismp it not so conta	amed in the name at present.)	instead of a
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7 DEL AWAR =	_	
Company Compan	3 59-2 c o	2 / ^ /
(State or country under the law of which it is	s incorporated) 3. 59-350 (FFI number i	3000
2 14-1	(FEI number, is 5. PERPETUAL (Duration: Year corp. will cease to exist	f applicable)
402 /10/98	5 PERDETURY	
(Date of incorporation)	Dunting V	
•	(Duration: Year corp. will cease to exist	or "perpenial")
6	da.) (SEE SECTIONS 607.1501, 607.1502 and 817.	,
(Date first transacted business in Florie	de) (CET CE CE	•
- Control of Control o	ua.) (SEE SECTIONS 607.1501, 607.1502 and 817	155 F.S.)
7C/O CONSTANTING		100, 1.0.)
	JCINTES -	
575 MARICAN ALTONE		
- THUISON AVENUE 2	15 FLOOR NEW YORK NY	0.00
(Cu	15 TH FLOOR NEW YORK NY I	0022-2511
	2	
8 MATER Com		
. WHIER-SKIING SCHOOL	ADUATIC CHAME TO ! O	
(Purpose(s) of corporation authorized in	AQUATIC SHOWS EQUIPMENT In home state or country to be carried out in state of	<u> </u>
	of coming to be carried out in state of	Elacide)
9. Name and street address of Florida regi	istered agent: (P.O. Box or Mail Drop Box NO	•
i i i i i i i i i i i i i i i i i i i	stered agent: (P.O. Box or Mail Drop Box NO	OT accentable)
Name: YVAN GODARD	•	==
TOTAL GOOKING		<u> </u>
Office Address: 158, lake Jaine		<u> </u>
Office Address: 150 take Jaint	1 Tenace	
		A.E.
WINTER MAYEN CI	_ 33884-2642_, Florida,	55 T
	Florida,	m _
	(Zip code)	
10 Pagistanad	(Dip code)	PH 3: OF STA
10. Registered agent's acceptance:		ZZ :
		三元 2
Having been named as registered agent and to an	ccept service of process for the above stated corpora ent as registered agent and agree to act in this can	A
in this application. I hereby account the amening	cept service of process for the above stated corner.	edan is at a t
comply with the provisions of -U	ent as registered agent and agree to act in this	uton at the place designated
and accept the obligations of all statutes relative	cept service of process for the above stated corpora ent as registered agent and agree to act in this capa to the proper and complete performance of product	city. I further agree to
and accept the obligations of my position as regist	ent as registered agent and agree to act in this capa to the proper and complete performance of my dut tered agent.	ies, and I am familiar with
	tered agent's signature	
(Regist	tered agent's signature)	
(Regist		
(Regist		this application
(Regist		this application to the
(Regist	enticated, not more than 90 days prior to delivery of her official having custody of corporate records in the	this application to the he jurisdiction under the law

12. Nam	es and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)
A. DIRE	CTORS (Street address only - P.O. Box NOT acceptable)
Chairman	
Address:	
	rman;
_	TALL TALL
Director:	ARE U
	35.5.7 1.7.8.5.8.7 1.7.8.8.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.
Director:	DRIDE S
B. OFFIC	CERS (Street address only - P.O. Box NOT acceptable)
	Much
	158, LAKE DAISY TERRACE
_	WINTERHAVEN FLORIDA 33 884
Vice Preside	ent.
Sacratarii	VV AAL GARAGE
	YVAN GODARD
Address:	
	YVAN GODARD
Address:	
_	
NOTE: If n	ecessary, 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)
[4,,	YVAN GODARD - PRESIDENT
	(Typed or printed name and capacity of person signing application)

State of Delaware

Office of the Secretary of State PAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "IVAN THE TURTLE, 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-THIRD DAY OF JUNE, A.D. 1998.

98 JUL -7 PM 3:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Edward J. Freel, Secretary of State

AUTHENTICATION:

9156562

DATE:

06-23-98

2856806 8300

981236080