To: Qualification/Tax Lien Section 4718

Division of Corporations
SUBJECT: SULLIVAN OIL CO.
(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: -08/17/3801080002 ****131.25 ****131.25
Anne G. Virgets
Anne G. Virgets (Name of Person)
SULLIVAN OIL CO.
(Firm/Company)
1785 WOODDAVE COURT
(Address)
BATON ROUCE LA 70806-151 8 8 118 (City/State/Zip) ARR 5 7
Should you need to call someone concerning this matter, please call:
Anne 6 Vicgets at (504) 9527900 = 5 (Name of Person) (Area Code & Daytime Telephone Number)
(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

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	E WITH SECTION 607.15 PREIGN CORPORATION I					
REGISTER A FO	REIGN CORPORATION I	O IRANSACI BUS.	INESS IN T	HE STATE OF FLOR	!DA. · · · — — —	·
1.	SULLIVAN		<u> </u>			— Jing Tang and a contract
(Name of corpo	oration; must include the word	"INCORPORATED"	', "COMPA	NY", "CORPORATION"	or	
	viations of like import in lang or partnership if not so contain			it is a corporation instead	of a	
naturai person c	n partitersing it not so contain	ned in the mane at pre	SCIIC.)			
2 L	OUISIANA	3.	-	72-07684	<i>3</i> 3	
(State or country	OUISIANA y under the law of which it is	incorporated)		(FEI number, if applica	ible)	
		5,		reetual		
	te of incorporation)			orp. will cease to exist or	"perpetual")	•=
6. E	xpected date	10/1/98				
(Date first	t transacted business in Floric	ta.) (SEE SECTIONS	607.1501, 6	07.1502 and 817.155, F.	S.)	स ्थान शास्त्र काळा रा <i>ञ्जा</i> ला ।
7.	1785 W	DODD AVE CO	OURT			
		,		1.16\3		-
	NA 00 (Cr	ROUGE CA	7080	6-1327		■ ™ v (<u>A# v#</u> , N## (1) =
					Η (0	
8. F	UEL WHOLESAL	EL	<u>.</u>		98 A	
(Purpose)	(s) of corporation authorized	in home state or count	ry to be can	ried out in state of Florid	a) <u> </u>	<u> </u>
	eet address of Florida reg					
>. 1 mile mile ser						
Name:	KENNETH R.	SULLIVAN		. Fr. Grand Control of the first		
Office Address:	5421 BEAUN	NOUT CENTER	BLVD	- SUITE 655	STATE ORIDA	
	TAMPA		Florida	33634		
				(Zip code)	; «=	- '10000-10000-100'
10. Registered a	gent's acceptance:					
Having heen name	ed as revistered agent and to	accept service of prod	ess for the	ahove stated cornoration	at the place des	ionated

(Registered agent's signature)

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.

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

A. DIRECTOR	RS (Street address only - P.O. Box NOT acceptable)	
Chairman:		<u> </u>
		· · · · · · · · · · · · · · · · · · ·
Vice Chairman:		
Address:		
		
Director:		
Address:		<u></u>
		
Director:		
Address:	75 98 LC P	
B. OFFICERS	S (Street address only - P.O. Box NOT acceptable)	;
	ν. (2)	
	1617 FROWNER DRIVE ST	
	GREENWELL STRINGS, LA 70739	
Vice President: _		
	The state of the s	
Secretary:	GLENDA D. SULLIVAN	A control of the cont
Address:	7617 FRONTIER ORIVE	
	GREENWELL SPRINGS LA 70739	
Treasurer:	/	100 Market 1 100 M
Address:		
NOTE: If neces	ssary, you may attach an addendum to the application listing additional officers and/or directors.	
12		
	(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)	-

SECRETARY OF STATE

As Secretary of State, of the State of Louisiana, I do hereby Cer SULLIVAN OIL CO.

A LOUISIANA corporation domiciled at BATON ROUGE,

Filed charter and qualified to do business in this State on May 31, 1975,

I further certify that the records of this Office indicate the corporation has paid all fees due the Secretary of State, and so far as the Office of the Secretary of State is concerned is in good standing and is authorized to do business in this State.

I further certify that this Certificate is not intended to reflect the financial condition of this corporation since this information is not available from the records of this Office.

In lestimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

July 24, 1998

CGR

Secretary of State

