F9800006509

	ation/Tax Lien Section of Corporations	n			
SUBJECT:	-	E CUTE, 1	ENC.		
SOBJECT.	(Na	me of corporation - mu	st include suf	fix)	
Dear Sir or Mad	am:		-		
The enclosed "A" "Certificate of F to transact busin	Existence", and check a ness in Florida.	Corporation for Authorare submitted to register	the above re	ferenced foreign cor	poration
Please return all	correspondence conce	(Name of Person	following: ✓	1000026: -12/01 <u>/</u> 9(38681S
	THUL IT	(Name of Person	1)		,00 ******70 . UU
	TOUTE	WIE EN			
	7 00 (0	(Firm/Company)	·	
	59505	BAYOU ST	_		-
		(Address)			86 Mid
					SECRE DIVISION 98 DEC
		(City/State/Zip)	i		上置
-		erning this matter, plea		P	AM 10: 17
(Name	of Person)	at (504) 8 (Area Code &	Daytime Te	lephone Number)	- untre
·	·				- 4rth
STREET ADDRESS:		MA	LING ADD	RESS:	• ,
Qualification/Ta Division of Cor 409 E. Gaines S Tallahassee, FL	porations St.	Divi P.O.	ification/Tax sion of Corpo Box 6327 hassee, FL 3		

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.
TAILE CUTE. 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. Louisiana 3. 72-115 7055 (State or country under the law of which it is incorporated) (FEI number, if applicable)
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 18 DEC 1989 5. PERCIETORAL (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. 30 NOUGASA 1578 (Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7 59505 BAYOU ST
7. 59505 BAYOU ST C 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Current mailing address)
8. PIACE FINE OPERATE CANDY AND NOT BUIK VENDING MACHINE TO (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: MICHAEL B. MURPITY
Office Address: 2186 Hingy 98 E
N
Florida 3232 C
(Zip code)
10. Registered agent's acceptance:
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 designate this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comp
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 designate this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comp
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 designate this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comp with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and act the obligations of my position as registered agent.
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 designate this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comp with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ac

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)		
Chairman:		
Address:		
Vice Chairman:		
Address:		
Director:		
Address:	-	
Director:		
Address:		
B. OFFICERS (Street address only - P.O. Box NOT acceptable)		0
President: PAUL H. BELLINGHAM	80	V _C CFI
President: PAUL H. BELLINGHAM Address: 59505 BAYOU ST	<u> </u>	
LACOMBE, LA 70445		25.00 10.00
	AM 10:	T.S.
Vice President:	7	
Address:		50
1.4	·	
Secretary: LAURA A PHILLIPS		
Address: 59505 BATON ST LACOMBE LA 70445		
LACOMBE LA 70445		<u>.</u>
Treasurer:		············
Address:		
NOTE, te		
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)		
14. PAUL H. BELLINGHAM, PRESIDENT		
(Typed or printed name and capacity of person signing application)		•



SECRETARY OF STATE

As Secretary of State, of the State of Louisiana. I do hoveby Certify that

the Articles of Incorporation of

TOUTE CUTE, INC.

Domiciled at LACOMBE, LOUISIANA,

Were filed in this Office and a Certificate of Incorporation was issued on December 18, 1989,

I further certify that no Certificate of Dissolution has been issued.

DIVISION OF CONCORATIONS
98 DEC - | AM IO: 17

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

Noviember 2**A**, 1998

CLO

Secretary of State

