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To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: DON-LEE MARGIN CORPORATION

(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:

	Keith W. Dick	erson		
		(Name of Person)		<u> </u>
	Don-Lee Margin	Corporation	.1000027; -01/04/3	1901114nn4
	P.O. Box 123	(Firm/Company)	******78	.75 *****78.75
	Seaford, De. 1	(Address) 9973		0
		(City/State/Zip)		SECRE IVISION 99 JAN
Should you need	to call someone concer	ning this matter, please call:		TARY OF CORN
Keith W. Di (Name	ickerson of Person)	at (302) 629-7567 (Area Code & Daytin	me Telephone Number)	9:

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

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. Don-Lee Margin Corporation (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.) (FEI number, if applicable) (State or country under the law of which it is incorporated) 5. N/A
(Duration: Year corp. will cease to exist or "perpetual") April 21, 1967 (Date of incorporation) Have not yet commenced business in Florida (Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) 7. <u>P.O. Box 892</u> (Current mailing address) Janitorial and Maintenance Contractor (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: Denise White 51 SouthEast Beechtree Lane Office Address: Stuart, FL 34994 (Zip code) 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, (Registered agent's signature)

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)	ĺ	l
A. DIREC	TORS (Street address only - P.O. Box NOT acceptable)		
Chairman:		<u> </u>	
Address: _	·	<u> </u>	
_			 .
Vice Chair	man:		
Address: _			
-			••
_	Karl H. Vogel		
Address: _	RR 3 Box 358-X		**
	Laurel, De. 19956		<u> </u>
Director:	Franklin Kenton		VSEC
Address:	Rt. 3 Box 323-L	JAN.	<u> </u>
	Laurel, De. 19956	_ _	<u> </u>
	CERS (Street address only - P.O. Box NOT acceptable)	A ∺ 9:	: 경우 - - 보호
President:	Keith W. Dickerson		ATE TE
Address:	Chapel Branch Rd. & Stein Hwy.		2
	Seaford, De. 19973		
Vice Presi	ient:		
Address:			
Secretary:		· · · · · · · · · · · · · · · · · · ·	
Address:	511 Elm Drive		
	Seaford, De. 19973		·
Treasurer	Same as above	<u> </u>	
Address:		, · , · , · , · , · , · , · , · , · , ·	
			
NOTE:	If necessary, you may attach an addendum to the application listing additional officers and/or direction	ctors.	
13	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the applicat		·
	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the applicant Reith W. Dickerson, President	ion)	· a

(Typed or printed name and capacity of person signing application)

State of Delaware

Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "DON-LEE MARGIN CORPORATION, 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 THIRTEENTH DAY OF
NOVEMBER, A.D. 1998.

11:6 HV 1- NVF 66

Edward J. Freel, Secretary of State

AUTHENTICATION:

DATE: 9404053

11-13-98

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