## To: tion/Tax Lien Section Division of Corporations SUBJECT: 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. 800002741468-Please return all correspondence concerning this matter to the following: 01/14/99--01056--004 Should you need to call someone concerning this matter, please call: Person) at (407) 724 6346 (Area Code & Daytime Telephone Number) **MAILING ADDRESS:** STREET ADDRESS: Qualification/Tax Lien Section Qualification/Tax Lien Section Division of Corporations **Division of Corporations** 409 E. Gaines St. P.O. Box 6327 Tallahassee, FL 32314 Tallahassee, FL 32399 Enclosed is a check for the following amount: ☐ \$78.75 Filing Fee & \$78.75 Filing Fee & \$87.50 Filing Fee, \$70.00 Filing Fee Certificate of Status Certified Copy Certificate of Status &

Certified Copy

## 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.			
DAMINEAST TOADING CAMPANIL. TIME.			
(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. NORTH CAROLINA 3. 56 1779 453  (State or country under the law of which it is incorporated)  (FEI number, if applicable)			
(butto of country under the law of which it is incorporated)			
4. 10 th of April 1992 5. PERPETUAL (Duration: Year corp. will cease to exist or "perpetual")			
(Date of incorporation) (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. 146 TAMPA AUE			
INDIATION FL 32903 PS 3 (Current mailing address)			
(Current mailing address)			
8. To CONDUCT BUSINESS IN FLORIDE 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: M. DOLAN 40 DOWNERST TRADING CO., INC.			
Office Address: 146 TAMPA AUE			
Office Address: 146 TAMPA AUE  INDIATLANTIC, Florida, 32903			
(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 a	nd addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT ac	ceptable)
-	ORS (Street address only - P.O. Box NOT acceptable)	
Chairman: _	MichAEL DOLAN	
Address:	146 TAMPA AUE	·· ·
	INDIATLANTIC FL	32903
Vice Chairm	an: PRISCILLA DOLAN	
	49 DAK RIDGE DR	
	Putnam Valley, Ng	10579
Director:	MichAEL DOLAN	
	SAME AS Abord	
Director:	PRISCILLA DOLAN	
	SAME As Above	
B. OFFIC	ERS (Street address only - P.O. Box NOT acceptable)	
President:	Michael Dolan	7.5E - 1
Address:	SAME AS Abolt	至 = -
		SSE
Vice Preside	nt: PASCILLA DOLAN	25
Address:	SAME AS AboUÉ	ST STE
Secretary: _	Priscilla Dolan	
Address:	Aboué	
Audicss		
	Michael Dolar	
reasurer: _	Michael Dolan Aboué	
Address:	7000	
NOTE: If	necessary, you may attach an addendum to the application listing additional officers a	and/or directors.
13	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the	e application)
14	M. Lad DNAN	,
7-4.	(Typed or printed name and capacity of person signing applica	ation)



## Department of The Secretary of State

## CERTIFICATE OF EXISTENCE

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

DOWNEAST TRADING COMPANY, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 10th day of April, 1992, with its period of duration being perpetual.

I FURTHER certify that the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 31st day of December, 1998.

Elaine J. Marshall

Secretary of State