2000 367

Qualification/Tax Lien Section To: Division of Corporations

SUBJECT: Tailors Plus 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: Sawsan A. Hanna (Name of Person) Tailors Plus Co. (Firm/Company) 3697 Miramontes Circle (Address) Wellington, FL 33414 (City/State/Zip) Should you need to call someone concerning this matter, please call: Sawsan A. Hanna at (_561) 333-2189 (Name of Person) (Area Code & Daytime Telephone Number)

STREET 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.

1. Tailors Plus Co.	
(Name of corporation; must include the word "INCORPORATED", "COM	PANY" "CORPORATION" or
words or abbreviations of like import in language as will clearly indicate that	at it is a composition instand of
natural person or partnership if not so contained in the name at present.)	at to to a corporation moteau of a
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• ,	
2. Nebraska 3.	
(State or country under the law of which it is incorporated)	(FEI number, if applicable)
, and the same and	(i Et number, it applicable)
4. <u>January 10, 1989</u> 5. <u>Perpetual</u>	
	corp. will cease to exist or "perpetual")
Containing Tear	corp. will cease to exist or "perpetual")
6. <u>Upon qualification</u>	
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501	607 1502 and 917 155 E.S.\
,,,====================================	, 007.1302 and 817.133, P.S.)
7. 7300 Dodge St., Ste. 625, Omaha, NE 68114	· · · · · · · · · · · · · · · · · · ·
*	
(Current mailing address)	
,	
8. <u>Tailor shop</u>	
(Purpose(s) of corporation authorized in home state or country to be c	arried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box o	or Mail Drop Box NOT acceptable)
• • • • • • • • • • • • • • • • • • • •	2 top 20th 1101 acceptable)
Name: Sawsan A. Hanna	0
	· · · · · · · · · · · · · · · · · · ·
Office Address: 3697 Miramontes Circle	SE SE
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Wollinston	
Wellington, Flori	
	(Zip code) PH STAI
10 %	
10. Registered agent's acceptance:	
Having been named as registered agent and to accept service of process for the	CA Calculated corneration at the place decignated in
this application Thombu account the second street	a assistant corporation at the place designated in
wis application, I hereby accept the appointment as registered agent and agre	to act in this canacity. I further agree to comply
this application, I hereby accept the appointment as registered agent and agre with the provisions of all statutes relative to the proper and complete performa	te to act in this capacity. I further agree to comply
with the provisions of an statutes relative to the proper and complete performa	te to act in this capacity. I further agree to comply ance of my duties, and I am familiar with and accept
with the provisions of all statutes relative to the proper and complete performathe obligations of my position as registered agent.	te to act in this capacity. I further agree to comply ance of my duties, and I am familiar with and accept
with the provisions of an statutes relative to the proper and complete performa	te to act in this capacity. I further agree to comply ance of my duties, and I am familiar with and accept

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.

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the

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)
Chairmani:
Address:
Vice Chairman:
Address:
Director:
Address:
Director:
Address:
B. OFFICERS (Street address only - P.O. Box NOT acceptable)
President: Sawsan A. Hanna
Address: 3697 Miramontes Circle
Wellington, FL 33414
Vice President: Nader E. Eskandar
Address: 1412 Oakcrest Ave.
S. Pasadena, CA 91030
Secretary: Nader E. Eskandar =
Address: 1412 Oakcrest Ave.
S. Pasadena, CA 91030
Treasurer: Sawsan A. Hanna
Address: 3697 Miramontes Circle
Wellington, FL 33414
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. Sawsan A. Hanna, President (Typed or printed name and capacity of person signing application)

STATE OF



NEBRASKA

United States of America, State of Nebraska

ss.

Department of State Lincoln, Nebraska

I, Scott Moore, Secretary of State of the State of Nebraska do hereby certify;

TAILORS PLUS CO.

was duly incorporated under the laws of this state on January 10, 1989, and do further certify that no occupation taxes assessed are unpaid and no annual reports are delinquent; articles of dissolution have not been filed; and said corporation is in existence as of the date of this certificate.

In Testimony Whereof,



I have hereunto set my hand and affixed the Great Seal of the State of Nebraska on December 15 in the year of our Lord, one thousand nine hundred and ninety-eight.

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SECRETARY OF STATE