F9900000526

•	fication/Tax Lien Section on of Corporations			
SUBJECT:	Kost Inc			
	Kost, Inc.	e of corporation	on - must include suffix)	-
Dear Sir or M	adam:			
	"Application by Foreign C Existence", and check are ess in Florida.			
Please return a	all correspondence concern	ing this matte	r to the following:	
	John Kos	7	f Person)	99
		(Name o	f Person)	99 JAN 27
	Kost, In	<u> </u>	ompany)	27
	,	(Firm/Co	ompany)	-5 . 7
	12382 Co	unty R	oad 252	
		(Add	lress)	
	mc Aplia,	F1, 3	2 0 6 2 ate/Zip)	
	,	(City/St	ate/Zip)	
Should you ne	ed to call someone concer	ning this matte		000271199 -12/14/9801121 *****87.50
Mark (Nam	Eldv.'dge ne of Person)	at (<u>S) S</u> (Area	723 - 93 a Code & Daytime Telep	S2 W98-2 hone Number)
STREET AD	DRESS:		MAILING ADDRES	SS:
O 110 11 11	Tax Lien Section		Qualification/Tax Lie	
			Division of Corporation P.O. Box 6327	ons
Division of Co	St.			А
			Tallahassee, FL 3231	-
Division of Co 409 E. Gaines Tallahassee, F		ount:	Tallahassee, FL 3231	7



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

December 15, 1998

JOHN KOST KOST, INC. 12382 COUNTY ROAD 252 MCAPLIN, FL 32062

SUBJECT: KOST, INC.

Ref. Number: W98000028058

We have received your document for KOST, INC. and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with a notarized affidavit stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6097.

Michael Mays Document Specialist olease call

Letter Number: 698A00059037

RESOLUTION OF BOARD OF DIRECTORS

(Please print or type)

, *	
I, the undersigned John Kost (Name), do hereby ce	rify
that this Resolution of the Board of Directors of Ko5+, I2c	<u></u>
(Corporate Name)	
a corporation duly organized and existing under the laws of the State of	_ . ,
was duly adopted on 1/17/99 January (2 th , 19 9.	<u> 3</u> .
Be it resolved, that Kost (Corporate Name)	<u> </u>
organized and existing in the State of, hereby adopts the n	
John Kost Dra for use in Flo	<u>ارئ</u> ئئ
Dated: 1/17/44	
Signature of Other Chairman, Vice Chairman or any officer	-
Toka Kost Type or print name	

INHS19(4/96

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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.	(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.	To ωα. (State or country under the law of which it is incorporated) 3. 42-14763-53 (FEI number, if applicable)
4.	(Date of incorporation) 5. Perpetual (Duration: Year corp. will cease to exist or "perpetual")
6.	(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7.	12382 County Road 252
•	(Current mailing address)
	(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
	Name: Kost
Oi	ffice Address: 12382 County Road 252
	McAp/.L , Florida, 32062 (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)
A. DIRECTORS (Street address only - P.O. Box NOT acceptable)
Chairman: Dohn Korti
Address: 12382 County Rd. 252
Mc Apth, FT 32062
Vicé Chairman:
Address:
7 MM 505.
Director: John Kost
Address: 12382 County Rd 252
Mc Aphy P1. 32062
Director: Diane Kort
Address: 12382 County Kd 252
B. OFFICERS (Street address only - P.O. Box NOT acceptable)
B. OFFICERS (Street address only - P.O. Box NO1 acceptable)
President: Using Karya
Address: 12382 County Rd 232
Mc Aplh, Fl. 32062
Vice President: John Kort
Address: 12382 County Rd 252
Mc Apoly, Po 32.62
Secretary: John Kort
Address: 12382 County Rd 252
McApan, F1. 32062
Treasurer: John Kost
Address: 12382 County Rd 252
McA/1.h, F1. 32062
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
13. + Jan 1 Kall
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
14 John Kost President (Typed or printed name and capacity of person signing application)
(Typed of printed name and capacity of person signing application)



No. Date: 12/02/1998

y of Stat

490 DP-000217176

FINANCIAL FREEDOM CONTROLS INC

ATIN: WARK ELDRIDGE

1400 S TAFT AVE

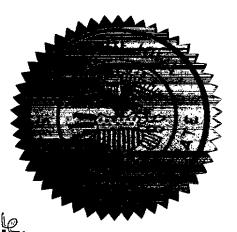
MASON CITY, IA 50401

CERTIFICATE OF EXISTENCE

Name: KOST, INC.

Begin date: 19980430 Expiration: PERPETUAL

I, PAUL D. PATE, secretary of state of the state of Iowa, custodian of the records of incorporations, certify that the corporation named on this certificate is in existence and was duly incorporated under the laws of Iowa on the date printed above, that all fees required by the lowa business corporation act have been, paid by the corporation, that the most recent annual corporate report has been filed by the secretary of state, and that article of dissolution have not been filed.



SECRETARY OF STATE

