ACCOUNT NO. 072100000032

REFERENCE

097592

7172842

AUTHORIZATION

COST LIMIT

ORDER DATE : January 13, 1999

ORDER TIME :

4:55 PM

ORDER NO. : 097592-005

CUSTOMER NO:

7172842

900002774929

CUSTOMER: Ms. Betty Holyfield Mississippi Adventures

Po Box 758

Picayune, MS 39466

FOREIGN FILINGS

MISSISSIPPI ADVENTURES, INC. SQUALIFICATION (TYPE: <u>CO</u>) PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLÖRIDA

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:

' ·	TPPT Adventures	, Incorporated		
appreviations of	f like import in langua	the word "INCORPORATED", age as will clearly indicate that the name at present.	"COMPANY", "CORPO t it is a corporation inste	RATION" or words or ead of a natural person
2. Mississi (State or countr	ppi y under the law of w	3	72–1377116 FEI number, if applicable	e)
4. May 21, 19	997 corporation)	5. <u>Perpetual</u> (Duration: Yea	ar corp. will cease to exi	st or "perpetual"}
6. None, yet	acted business in Flo	rida. <i>(See sections 607.1501,</i>	•	
7. Post Offi	ice Box 758			01V:5E0
Picayune,	MS 39466	(Current mailing addre		
8. Selling ca	mpground member	·		Y OF ST
	or or promotification		to be carried out in the	state of Tollows
9. Name and straceptable)		orida registered agent: (P. Corporation Service Company	O. Box or Mail Drop	Box NOT
		Corporation Service Company	O. Box or Mail Drop	Box NOT.
	Name:	Corporation Service Company	O. Box or Mail Drop	Box NOT. 32301 (Zip Code)
acceptable)	Name:	Corporation Service Company : 1201 Hays Street Tallahassee		32301
10. Registered Having been nat corporation at registered agent all statutes relate and accept the o	Name:Office Address agent's accepta med as registered the place designa and agree to act ive to the proper obligations of my proper Corporation Serv y: Additions	Corporation Service Company : 1201 Hays Street Tallahassee ance: d agent and to accept seated in this application, in this capacity. I further and complete performance position as registered agent	, Florida, ervice of process fo I hereby accept the agree to comply wing of my duties, and	32301 (Zip Code) r the above stated ne appointment as th the provisions of

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: Thomas J. Cloud Address: 5085 WESTHEIMER, SUITE 4520 Houston, TX 77056 Vice Chairman: Address: Director: Thomas J. Cloud 5085 Westheimer, Suite 4520 Address: Houston, TX 77056 Director: Address: B. OFFICERS (Street address only- P.O. Box NOT acceptable) President: Thomas J. Cloud 5085 Westheimer, Suite 4520 Address: Houston, TX 77056 Vice President: Thomas J. Cloud 5085 Westheimer, Suite 4520 Address: Houston, TX 77056 Secretary: Steven S. Alleman Address: 3438 Dublin Circle Dublin, OH 43017 Treasurer: Address: 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.)

Thomas J. Cloud, Chairman

14.

State of Mississippi

Secretary of State's Office Eric Clark

Secretary of State Jackson, Mississippi

CERTIFICATE OF EXISTENCE/AUTHORITY

I, ERIC CLARK, Secretary of State of the State of Mississippi, and as such, the legal custodian of the corporate records, required by the laws of Mississippi, to be filed in my office, do hereby certify:

That on May 21,1997 the state of Mississippi issued a Charter/Certificate of Authority to:

MISSISSIPPI ADVENTURES, INCORPORATED

That the state of incorporation is MISSISSIPPI.

That the period of duration is Perpetual.

That according to the records of this office, Articles of on Dissolution or a Certificate of Withdrawal have not been filed

That according to the records of this office, a current Annual Report has been delivered to the Office of the Secretary of State

I further certify that all fees, taxes and penalties owed to this state, as reflected in the records of the Secretary of State, have been paid and that the corporation is in existence or has authority to transact business in Mississippi.

> Given under my hand and seal of office February 11,1999

ERIC CLARK, Secretary of State

