

F99000002654

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: OLD TOWN CRAFTS, INC.
(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:

Paula L. Omari
(Name of Person)

Old Town Crafts, Inc.
(Firm/Company)

101 East Weed St.
(Address)

St. Marys, GA 31558
(City/State/Zip)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
99 MAY 19 PM 5:00

FILED

300002861039-3
-05/04/99-01007-001
*****70.00 *****70.00

Should you need to call someone concerning this matter, please call:

Paula L. Omari at (912) 882-9000
(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

F99-2654

Name Availability	OL 524
Document	OL
Form	OL
Fee	OL
Signature	OL
Stamp	OL
Other	OL

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

May 5, 1999

pAULA AMARI
101 EAST WEED STREET
ST. MARYS, GA 31558

SUBJECT: OLD TOWN CRAFTS, INC.
Ref. Number: W99000010553

We have received your document for OLD TOWN CRAFTS, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida corporation or a foreign corporation authorized to transact business in Florida. Please correct the document.

You must list your Federal Employer Identification Number in the appropriate block. If applied for, enter "applied for", or if not applicable, enter "N/A".

If you have any questions concerning the filing of your document, please call (850) 487-6020.

Tammi Cline
Document Specialist

Letter Number: 799A00024523

FILED
99 MAY 19 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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. OLD TOWN CRAFTS, INC.
(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. GEORGIA
(State or country under the law of which it is incorporated)

3. 58-2142262
(FEI number, if applicable)

4. 12.13.94
(Date of incorporation)

5. PERPETUAL
(Duration: Year corp. will cease to exist or "perpetual")

6. 6.5.99
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. Old Town Crafts, Inc.
101 East Weed St, St Mary, GA
(Current mailing address)

FILED
99 MAY 19 PM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
31550

8. retail business
(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: ~~W. P. D. Edge~~ Paula L. Omari

Office Address: 2163B Dadler Road
Amelia Island, Florida, 32034
(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.

Paula L. Omari
(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: ~~Francis John Amari~~

Address: ~~108 Rose Dew Ct
St. Marys, GA 31558~~

Vice Chairman: ~~same~~

Address: _____

Director: ~~Paula L. Amari Sec.~~

Address: ~~108 Rose Dew
St. Marys, GA 31558~~

Director: ~~same Treas.~~

Address: _____

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: Francis John Amari

Address: 108 Rose Dew Court
St. Marys, GA 31558

Vice President: same

Address: _____

Secretary: Paula L. Amari

Address: 108 Rose Dew Court
St. Marys, GA 31558

Treasurer: same

Address: _____

FILED
99 MAY 19 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Paula L. Amari

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. PAULA L. AMARI SEC/TREAS.

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

Secretary of State

Corporations Division

315 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

DOCKET NUMBER : K90611001
CONTROL NUMBER : K431721
DATE INC/AUTH/FILED: 12/13/1994
JURISDICTION : GEORGIA
PRINT DATE : 03/02/1999
FORM NUMBER : 211

OLD TOWN CRAFTS, INC.
101 EAST WEED STREET
ST. MARYS GA 31558

CERTIFICATE OF EXISTENCE


I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

OLD TOWN CRAFTS, INC. A DOMESTIC PROFIT CORPORATION

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation, or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up, or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



CATHY COX
SECRETARY OF STATE

