

F99000002756

Document Number Only

C T CORPORATION SYSTEM

660 East Jefferson Street

Requestor's Name

Tallahassee, Florida 32301

Address

(850) 222-1092

City State Zip Phone

100002888741--1
 -05/27/99--01071--024
 ***1237.50 ***1237.50

~~100002888741--1~~
~~-05/27/99--01071--024~~
~~***1237.50 ***1237.50~~

CORPORATION(S) NAME

100002888741--1
 -05/28/99--01012--001
 *****17.50 *****17.50

_____ 1150 _____

_____ 70 _____

_____ 43-75 _____

_____ 43-75 _____

Levon, Inc.

1220

- Profit
- NonProfit
- Limited Liability Company
- Foreign
- Limited Partnership
- Reinstatement
- Limited Liability Partnership
- Certified Copy
- Call When Ready
- Walk In
- Mail Out
- Amendment
- Dissolution/Withdrawal
- Annual Report
- Fict. Filing
- Photo Copies
- Call if Problem
- Will Wait
- Merger
- Mark
- Other
- Change of State
- UCC-1
- UCC-9
- After 4:30
- Pick Up

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 MAY 27 PM 4:14

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5/27

Please Return Extra Copy(s)
 Filed Stamp

Thanks, Melanie ☺

Name Availability
Document Examiner
Updater
Verifier
Acknowledgment
W.F. Verifier

RECEIVED
 99 MAY 27 PM 2:18
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: Levcon, 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:

Carrie Montgomery
(Name of Person)
Levcon, Inc.
(Firm/Company)
618 Oakleaf Office Lane
(Address)
Memphis, TN 38117
(City/State/Zip)

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

Carrie Montgomery at (901) 684-5040
(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

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

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. Levcon, 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. Tennessee 3. 62-1020808
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 01-07-78 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. March 1, 1998
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 618 Oakleaf Office Lane
Memphis, TN 38117
(Current mailing address)

8. Transportation Service
(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: CT Corporation System

Office Address: 1200 South Pine Island Road
Plantation, Florida, 33324
(Zip code)

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TALLAHASSEE FLORIDA

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.

Connie Bryan Connie Bryan, Special Asst. Sec.
(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: Donald C. Orris
Address: 1675 Larimer St. , Ste 620
Denver, CO 60202

Vice Chairman: Douglas R. Korn
Address: 320 Park Avenue
New York, NY 10022

Director: Gary I. Goldfein
Address: 5800 E. Sheila Street
Los Angeles, C A 90040-2300

Director: Gerry Angeli
Address: 1229 E. Pleasant Run Road
Desoto, TX 75115-4211

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

President: Donald C. Orris
Address: 1675 Larimer St., Suite 620
Denver, CO 60202

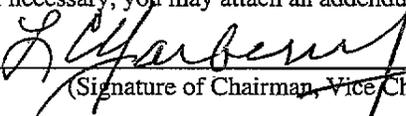
Vice President: _____
Address: _____

Secretary: Lawrence C. Yarberry
Address: 3746 Mt. Diablo Blvd., Suite 110
Lafayette, CA 94549

Treasurer: Lawrence C. Yarberry
Address: 3746 Mt. Diablo Blvd., Suite 110
Lafayette, CA 94549

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TALLAHASSEE FLORIDA

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. Lawrence C. Yarberry, Secretary/Treasurer
(Typed or printed name and capacity of person signing application)

Secretary of State

Corporations Section

James K. Polk Building, Suite 1800

Nashville, Tennessee 37243-0306

ISSUANCE DATE: 05/25/1999
REQUEST NUMBER: 991451052
TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 12/07/1977
STATUS: ACTIVE
CORPORATE EXPIRATION DATE: PERPETUAL
CONTROL NUMBER: 0046935
JURISDICTION: TENNESSEE

TO:
CAPITAL FILING SERVICE INC.
7051 HWY 70 SOUTH
NO 333
NASHVILLE, TN 37221

REQUESTED BY:
CAPITAL FILING SERVICE INC.
7051 HWY 70 SOUTH
NO 333
NASHVILLE, TN 37221

CERTIFICATE OF EXISTENCE

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT

"LEVCON, INC."

IS A CORPORATION DULY INCORPORATED UNDER THE LAW OF THIS STATE WITH DATE OF INCORPORATION AND DURATION AS GIVEN ABOVE;
THAT ALL FEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE EXISTENCE OF THE CORPORATION HAVE BEEN PAID;
THAT THE MOST RECENT CORPORATION ANNUAL REPORT REQUIRED HAS BEEN FILED WITH THIS OFFICE; AND
THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED; AND
THAT ARTICLES OF TERMINATION OF CORPORATE EXISTENCE HAVE NOT BEEN FILED

FILED
99 MAY 27 PM 4: 14
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FOR: REQUEST FOR CERTIFICATE

ON DATE: 05/25/99

FROM:
CAPITAL FILING SERVICE, INC.
7051 HWY 70 S
#333
NASHVILLE, TN 37221-0000

RECEIVED: FEES \$220.00 \$0.00
TOTAL PAYMENT RECEIVED: \$220.00
RECEIPT NUMBER: 00002501927
ACCOUNT NUMBER: 00101230



Riley C Darnell

RILEY C. DARNELL
SECRETARY OF STATE