T9900000000000022

To: Qualification/Tax Lien Section Division of Corporations	TE LIE I	
SUBJECT: SES SALES, INC.		
(Name of corporation	on - must include suffix)	
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation for "Certificate of Existence", and check are submitted to to transact business in Florida.	Authorization to Transact Busine register the above referenced forei	ss in Florida", ign corporation
Please return all correspondence concerning this matter	r to the following:	
CHERVI 1.	Socomon	•
CHERYL L. (Name of	f Person)	- TS 99
SAS SAC	FS INC.	
S&S SACES, INC.		
DA Box 25	2	PR PR D
(Add	ress)	- PH 5: 1
P.O. Box 25. (Add SONORA, K. (City/St	V 42776	그
(City/St	ate/Zip)	_ 3>
Should you need to call someone concerning this matter. CHERYL SOLOMON at (502) (Name of Person) (Area	-05. ***)2865676—-1 /06/9901092—003 ***78.75 *****78.75
(Name of Person) (Area	Code & Daytime Telephone Ivain	9-292
STREET ADDRESS:	MAILING ADDRESS: A	vailability (08)
Qualification/Tax Lien Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399	Qualification/Tax Lien Section Division of Corporations P.O. Box 6327	xaminer Updater
Enclosed is a check for the following amount:		Verifyer Acknowledgement
\$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status	Solution \$78.75 Filing Fee & Solution \$85 Certified Copy Co	7,50 Filing 1990 ertificate of status & ertified Copy



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

May 25, 1999

CHERYL L. SOLOMON P.O. BOX 252 SONORA, KY 42776

SUBJECT: SOLOMON & SOLOMON SALES, INC.

Ref. Number: W99000010845

We have received your document for SOLOMON & SOLOMON SALES, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please accept our apology for failing to mention this in our previous letter.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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

Tammi Cline Document Specialist

Letter Number: 599A00028662

99 JUN -7, PM 5: 00 SEGRETARY OF STATE



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

May 10, 1999

CHERYL L. SOLOMON P.O. BOX 252 SONORA, KY 42776

SUBJECT: S & S SALES, INC. Ref. Number: W99000010845

We have received your document for S & S SALES, INC. and your check(s) totaling \$78.75. However, the document has not been filed and is being retained in this office for the following:

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the DOCUMENT SPECIALIST indicated.

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

Tammi Cline Document Specialist

Letter Number: 699A00025437

RESOLUTION OF BOARD OF DIRECTORS

(Please print or type)

I, the undersigned	V L. Socomon	, do hereby certify	··· ·
that this Resolution of the Board of Direc	ctors of SES SAG	ES, INC.	<u>-</u>
	(Corporate Name)		-
a corporation duly organized and existing			
was duly adopted on Septo			
Be it resolved, that SES	SALES, TNC. (Corporate Name)		;
organized and existing in the State of			
SOLOMON & SOLOM	ON SALES, INC	for use in Florida.	and the second s
Dated: 5/17/99 Signature of entity	Der Chairman, Vice Chairman or any o		
Noe	MAN L. SOLOMO	<u> </u>	***

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. (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.) (State or country under the law of which it is incorporated)

3. (FEI number, if applicable) 9-7-94
5. PERPETUAL
(Date of incorporation)
(Duration: Year corp. will cease to exist or "perpetual") WILL OPEN MAY **3**, 1999
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) (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) Office Address: 614 CYPRESS AVENUE

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.

Keyf Sasmon
(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.

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)	•
Chairman:	
Address:	
lice Chairman:	
Address:	
Director:	
Address:	
Director:	
Address:	
	¥.7
B. OFFICERS (Street address only - P.O. Box NOT acceptable)	
President: NORMAN L. SOLOMON	
Address: 768 MURRIEL TOWN RD.	
SONORA, KY 42776	· -
Vice President: CHERYL L. SOZOMON	
Address: 168 MURRIEL TOWN RD.	
SONORA, KY 42776	
Secretary: CHERYL L. SOLOMON	338 V 338
Address: 768 MURRIEL TOWN Rd.	AND STATE
SONORA, KY 42776	
Treasurer:	F ST 5
Address:	DO RIDA
Additions.	
NOTE: Ye	ers and/or directors
NOTE: If necessary, you may attach an addendum to the application listing additional office	518 AUG/OI UNECTOIS.
13. Signature of Chairman, Vice Chairman, or any officer listed in number 12 of	of the application)
14. CHERYL L. SOLOMON - SECRETA	RY/V.P.
(Typed or printed name and capacity of person signing ap	plication)

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John Y. Brown III Secretary of State

Certificate of Existence

I, JOHN Y. BROWN III, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

S&S SALES, INC.

is a corporation duly organized and existing under KRS Chapter 271B, whose date of incorporation is September 7, 1994 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that articles of dissolution have not been filed; and that the most recent annual report required by KRS 271B.16-220 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 19th day of April, 1999.

JOHN Y. BROWN III
Secretary of State
Commonwealth of Kentucky
Tmorgan/0335497