# F990000005650

ro: Qualification/Registration Section Division of Corporations	
SUBJECT: INTER LACE INC. (Name of Corporation)	· · · · · · · · · · · · · · · · · · ·
Dear Sir or Madam:	0002920378 -07/01/9901020003 *****78.75 *****78.
The enclosed "Application by Foreign Not for Profit Corporation for Autits Affairs in Florida", "Certificate of Existence", and check are submitted referenced not for profit corporation to conducts its affairs in Florida.	horization to Conduct d to register the above
Please return all correspondence concerning this matter to the following:	SECRE BIVISION 99 JUL
DAVID A. MASSEY (Name of Person)	OF REVENUE
INTENLACE INC. (Firm/Company)	Name Availability
6663 23rd CIR. N. (Address)	Donument Expinior
ST PETERS BURG, FC 33702 (City, State and Zip Code)	Updater Verifyer
For further information concerning this matter, please call:	Acknowled Vient
(Name of Person)  Area Code & Daytime	
STREET ADDRESS:  Qualification/Tax Lien Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399  MAILING ADDR Qualification/Tax I Division of Corporation P. O. Box 6327 Tallahassee, FL 32399	Lien Section rations
Enclosed is a check for the following amount:	
□ \$70.00 Filing Fee □ \$78.75 Filing Fee & □ \$78.75 Filing Fee Certificate of Status Certified Copy	& \$87.50 Filing Fee, Certificate of Status & Certified Copy



#### FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

July 9, 1999

DAVID MASSEY 6663 23RD CIRCLE NORTH ST. PETERSBURG, FL 33702

SUBJECT: INTERLACE INC. Ref. Number: W99000015809

SECRETARY OF STATE SECRETARY OF CORPORATIONS

We have received your document for INTERLACE 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: 199A00035624

## RESOLUTION OF BOARD OF DIRECTORS

(Please print or type)

SECRETARY OF STATE OIVISION OF CORPORATIONS

99 JUL 15 PM 12: 42

I, the undersigned DAUID A. MASSEY, do hereby certify
that this Resolution of the Board of Directors of
(Corporate Name)
a corporation duly organized and existing under the laws of the State of,
was duly adopted on FEBRUARY 9th , 19 96.
Be it resolved, that TNTERLACE INC. (Corporate Name)
organized and existing in the State of /NO/ANA , hereby adopts the name
INTERLACE Inc. of Indiana for use in Florida.
Dated: 07 //3 /99
Signature of either Chairman, Vice Chairman or any officer
DAVID A. MASSEY Type or print name

INHS19(4/96)

### APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR **AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA**

IN COMPLIANCÈ WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

1. NTERLACE /NCORPOLATION (Name of corporation: must include the word "INCORPOLATION abbreviations of like import in language as will clearly ind person or partnership if not so contained in the name at precorporate suffix by a nonprofit corporation.)	OハATED  RATED" or "CORPORATION" or words or licate that it is a corporation instead of a natural esent. "Company" or "Co." may not be used as	— l a
2. INDIANA 3	35-1969981	-
2. JNDIANA (State or country under the law of which it is incorporated)  3.		_
4. 2/09/96 5.	PERPETUAL	66 SIA10
(Date of Incorporation)	(Duration: Year corp. will cease to exist or "perpetual")	
6. 6/10/99	-	J-S
(Daté corporation first conducted Affairs in Florida See sections 617.1501, 617.1502, and 817.155, F.S.	)	PAC SE
4. 2/09/96 5. (Date of Incorporation)  6. 6/10/99 (Daté corporation first conducted Affairs in Florida See sections 617.1501, 617.1502, and 817.155, F.S.  7. 6663 2374 CIR W	·	ON OF CORPORATIONS  JUL 1-5 PM 12: 1-2
ST PETENS BUNG, FL (Current mailing address)		-
8. TO SUPPORT MISSIONARY (Purpose(s) of corporation authorized in home state or cour	AVIATION ORGANIZATI	2 NO.
9. Name and street address of Florida registered	agent:	
DAVID A. MASSEY (Name)		<u>.</u>
_ 6663 2354 CIN- (Office addr	ess)	<u>.</u>
ST PETERSBURG (City)	, Florida, S5707 (Zip Code)	-
10 Pagistared agent's accentance		

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:\_ Address: Vice Chairman: Address: Director: Address: Director: Address: B. OFFICERS (Street address only- P. O. Box NOT acceptable) PETERS BURG, FL 33702 Vice President: S, BAAD PAWNES Address: REDDING, CA Address: PAWNES S. Brop Treasurer: 2756 PAWNEE CT, REDPING CA 9660) NOTE: If necessary, you may attach an addendum to the application listing additional officers

and/or directors.

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

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

#### STATE OF INDIANA

#### OFFICE OF THE SECRETARY OF STATE

#### CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, SUE ANNE CILROY, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

#### INTERLACE INC.

filed Articles of Incorporation on February 09, 1996, and is a nonprofit corporation duly organized and existing under and by virtue of the laws of the State of Indiana.

I further certify this corporation has filed its most recent annual report required by Indiana law with the Secretary of State, or is not yet required to file such annual reports, and that Articles of Dissolution have not been filed.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the City of Indianapolis, this Seventeenth day of June, 1999.

Sue anne Silvay
Sue anne Gilroy, Secretary of State

Deputy