

F99000003955

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: Vector Enterprises, 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:

TRACI C. Steen

(Name of Person)

Vector Enterprises, INC.

(Firm/Company)

2039 DOLPHIN BLVD S.

(Address)

St. Petersburg, FL 33707

(City/State/Zip)

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*****78.75 *****78.75

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

TRACI C. Steen

(Name of Person)

at (727) 347-5439

(Area Code & Daytime Telephone Number)

F99-3955

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

Name Availability	OK 8-2
Document Examiner	OK
Notary	OK
Register Verifier	OK
Acknowledgment	OK



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

June 11, 1999

TRACI C. STEEN
2039 DOLPHIN BLVD. S.
ST. PETERSBURG, FL 33707

SUBJECT: VECTOR ENTERPRISES, INC.
Ref. Number: W99000013684

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We have received your document for VECTOR ENTERPRISES, 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):

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.

A certificate of existence, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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

Tammi Cline
Document Specialist

Letter Number: 899A00031628

**RESOLUTION OF THE
BOARD OF DIRECTORS OF**

VECTOR ENTERPRISES, LTD

The undersigned, being all of the Directors of **VECTOR ENTERPRISES, LTD.**, do hereby certify that this Resolution of the Board of Directors of **VECTOR ENTERPRISES, LTD.**, a corporation duly organized and existing under the laws of the State of Illinois was duly adopted on July 12, 1999:

Be it resolved that **VECTOR ENTERPRISES, LTD.**, hereby adopts the name **STEEN ENTERPRISES, LTD** for use in Florida.

DATED: July 12, 1999


PERRY W. STEEN

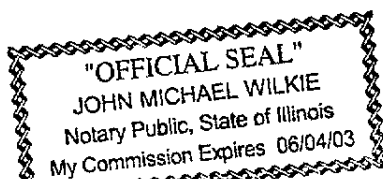

TRACI CAIN STEEN

Being All the Directors of Said
Corporation

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signed before me 7-12-99!

for a. c.



**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. Vector Enterprises, Incorporated
(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. ILLINOIS 3. 37-1282799
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. August 30, 1991 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 6-1-99
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 2039 Dolphin Blvd. S.
St. Petersburg, FL 33707
(Current mailing address)

8. General construction work, buying, renovation & resale of properties
(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: TRACI C. Steen
Office Address: 2039 Dolphin Blvd S.
St. Petersburg, FL, Florida, 33707
(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.

[Signature]
(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)

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A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Terry W. Steen

Address: 2039 Dolphin Blvd S.
St. Petersburg, FL 33707

Director: Traci C. Steen

Address: 2039 Dolphin Blvd S.
St. Petersburg, FL 33707

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

President: Terry W. Steen

Address: 2039 Dolphin Blvd S.
St. Petersburg, FL 33707

Vice President: Traci C. Steen

Address: 2039 Dolphin Blvd S.
St. Petersburg, FL 33707

Secretary: Terry W. Steen

Address: _____

Treasurer: Traci C. Steen

Address: _____

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

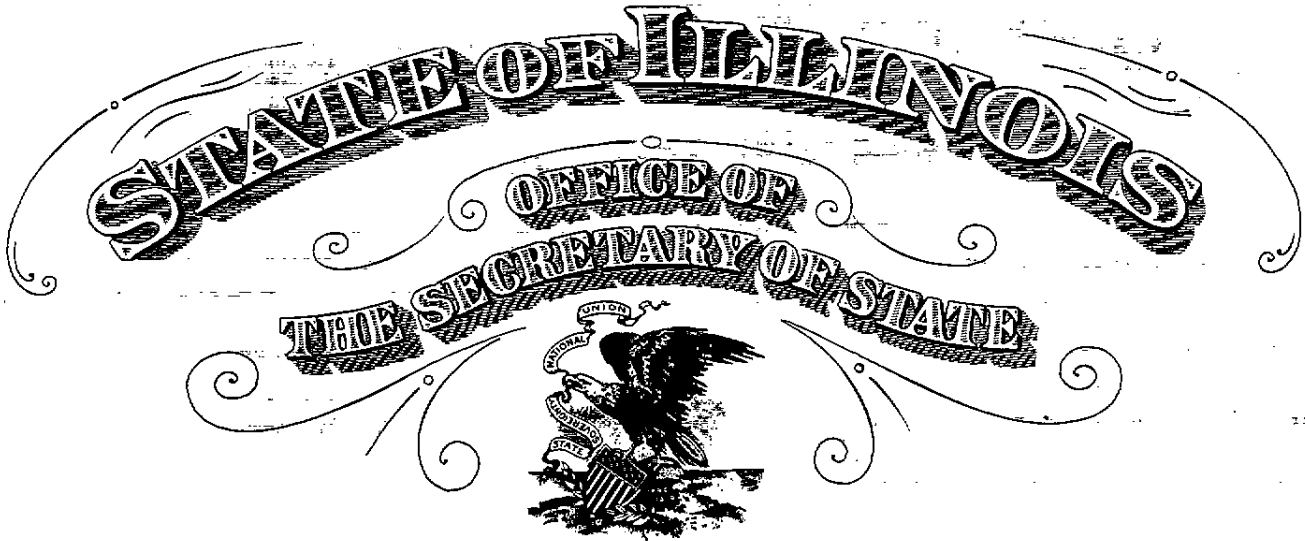
13. [Signature]

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

14. TRACI C. Steen, vice-president and director

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

File Number 5651-740-5



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that VECTOR ENTERPRISES, LTD., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE AUGUST 30, 1991, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE FILING OF ANNUAL REPORTS AND PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS*****



In Testimony Whereof, I, hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 12TH JULY 1999 *day of* A.D.

Jesse White

SECRETARY OF STATE