## To: Qualification/Tax Lien Section Division of Corporations

Division of Corporations					
SUBJECT: SLAC-RON	Inc				
	on - must include suffix)				
Dear Sir or Madam:					
The enclosed "Application by Foreign Corporation for "Certificate of Existence", and check are submitted to reto transact business in Florida.  Please return all correspondence concerning this matter  Ronald J. (Name of Shar-Ron (Firm/Corporation))  3588 Snyder (Address)	register the above referenced foreign corporation  To the following:  Nurphy Person)  TOC.  mpany)  Rd				
<u>Callahan</u> FL	. 32011				
(City/State/Zip)					
#####70.00 \$\\ \text{40002949974}2 \\ -08/04/9901032007  Should you need to call someone concerning this matter, please call:					
Row or Sharm Murphy at (964) 879 - 7465  (Name of Person) (Area Code & Daytime Telephone Number)					
STREET ADDRESS:	MAILING ADDRESS:				
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  Tallahassee, FL 32314				
Enclosed is a check for the following amount:					
\$70.00 Filing Fee \$\sigma\$ \$78.75 Filing Fee & \$\sigma\$ Certificate of Status	\$78.75 Filing Fee & S87.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy				

## RESOLUTION OF BOARD OF DIRECTORS

(Please print or type)

I, the undersigned	Sharm	Murphe (Name)	4	, do hereby certi	fy
that this Resolution of the	Board of Director	s of			- -
	Shar-	Ron. In	<u> </u>	·	
	(C	orporate Name)		1	
a corporation duly organiz	zed and existing un	der the laws of the S	State of Dela	aware.	_,
was duly adopted on		8-4-		-, 19 <u>99</u>	_•
was duly adopted on  Be it resolved, that	Shar	(Corporate	Inc-	· ·	
		٠.			
organized and existing in	the State of	Dela wore	, here	by adopts the name	
Ron	1- Shar	Inc.	. <u> </u>	for use in Floric	da.
Dated: <u>8-4-99</u>	Shar	r Chairman, Vice Chairman, Vice Chairman, Type or print name	airman or any office	SECRETARY OF STATE ALLAHASSEE FLORIDA	FILED

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

## 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.	
$\mathcal{S}_{\mathcal{I}} \mathcal{D}$	
(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. Delaware USA (State or country under the law of which it is incorporated)  3. 51-0391915 (FEI number, if applicable)	
4. 7-27-99 5. Perpetual (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")	
6. 8-6-99 (Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)	
· · · · · · · · · · · · · · · · · · ·	
7. 3511 Silverside Rd, Suite 105	
Wilmington, Delaware (USA) 19805 (Current mailing address)	_
(Current mailing address)	
8. <u>Fental</u> , heasing (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: Ronald J. Murphy  Office Address: 3588 Snyder Rd	
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)  Name: Ron add T. Musabu	
Name: Konald J. Murphy	
Office Address: 3588 Snyder Rd	
Name: Konald J. Murphy  Office Address: 3588 Snyder Rd  Callahan , Florida, 32011  (Zip code)	_
(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.	
Renall Final Stephenson	
Charles a grant of reference 1	

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

which it is incorporated.

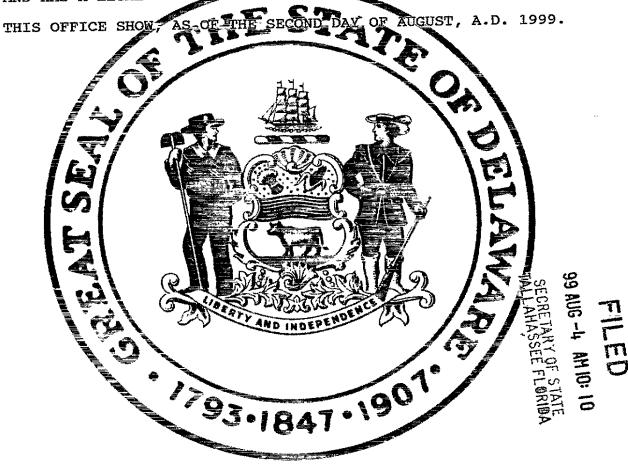
11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the

Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)	
Chairman:	
Address:	
Vice Chairman:	,
Address:	
Audress.	
Director:	
Address:	
Director:	, r
Address:	<u>- · · · · · · · · · · · · · · · · · · ·</u>
B. OFFICERS (Street address only - P.O. Box NOT acceptable	)
President: Ronald J Murphy	
Address: 3588 Snyder Rd	W70
	17.59 <b>99</b>
Vice President:	
Address:	D 1 -
Audicos.	SEE A
	77 5
Secretary: Sharon Murphy	
Address: 3588 Snyder Rd	
Address: 3588 Snyder Rd  Callahan FL 32011	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application lists	
Wa MI - Col	g additional officers and/or directors.
(Signature of Chairman, Vice Chairman, or any officer list	ted in number 12 of the application)
14. Ronald J. Murphy - Presid	<del></del>
(Typed or printed name and capacity of	

## State of Delaware Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "SHAR-RON INC." IS DULY INCORPORATED
UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING
AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF



Edward J. Freel, Secretary of State

**AUTHENTICATION:** 

9899011

DATE:

08-02-99