## F990000004142

To: Registration Section Division of Corporations			
SUBJECT: TRI-LAFES L	MITED TNC.		
SUBJECT: TRI-LAKES LIMITED, TNC.  (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		002954 -08/09/990	1113004
LEAUNA (). (Name of	MORTON	******70 <b>.</b> 00	**** { U. UU
(Name of	Person)		·
**************************************	MITED, ZNO	7)	
1021 WHITEWAY DR			
, ,			
BROOKSVILEE FL 34601 (City/State/Zip)			
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Should you need to call someone concerning this matter, please call:			
352 - 799 - 3876 -0 9 ==================================			
(Name of Person) (Area Code & Daytime Telephone Number)			
STREET ADDRESS:	MAILING ADDRESS:	4	nh
Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399	Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	ć	nh
Enclosed is a check for the following amount:			
► \$70.00 Filing Fee □ \$78.75 Filing Fee & □ Certificate of Status	\$78.75 Filing Fee & G	\$87.50 Filing F Certificate of S Certified Copy	Status &

## 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. TRI-LAKES LIMITED TWO.  (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. MISSOURI (State or country under the law of which it is incorporated)  3. 43-1755213 (FEI number, if applicable)
4. TULY 29 196 5. PER PETURE  (Date of incorporation) 5. Duration: Year corp. will cease to exist or "perpetual")
6. UPON QUALIFICATION  (Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")  (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. a. 1021 WHITEWAY DR. BROOKSVILLE, EL 3468/ (Principal office address)
b. 1021 WHITEWAY DR. BROOKSVILLE, EL 3460/ (Current mailing address)
8. TRANSACTIONS INVOLVING PROPERTY OWNED BY TRI-LAKES LIMITED, INC (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: <u>LEAUNA</u> C. MORTON
Office Address: 1021 WHITE WAY DR
BROOKSVILLE, Florida 34601 (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.

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.

(Registered agent's signature)

12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Address: Vice Chairman: Address: Director: Address: \_\_ Director: Address: **B. OFFICERS** President: HILTONM. JOHNSON Address: 320 MVSTIB PINE DR THOMASVILLE GA 31757 Vice President: CHARLES STANLEY Address: P.O. BOX 1942 THOMASUILLE GA 31799 Secretary: LEAUNA & MORTON Address: 1021 WHITEWAY DR BROOKS VILLE EL 34601 Address: 1021 WHITEWAY DR 13 ROOKSV146E FL 34601 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)

14. LEAUNA C. MORTON, SEC/TREA.

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





## Rebecca McDowell Cook Secretary of State

CORPORATION DIVISION
CERTIFICATE OF CORPORATE GOOD STANDING

I, REBECCA McDOWELL COOK, SECRETARY OF STATE OF THE STATE SOF MISSOURI, DO HEREBY CERTIFY THAT THE RECORDS IN MY OFFICE AND IN MY CARE AND CUSTODY REVEAL THAT

TRI-LAKES LIMITED, INC.

WAS INCORPORATED UNDER THE LAWS OF THIS STATE ON THE 29TH DAY OF JULY, 1996, AND IS IN GOOD STANDING, HAVING FULLY COMPLIED WITH ALL REQUIREMENTS OF THIS OFFICE. THE

IN TESTIMONY WHEREOF, I HAVE SET MY HAND AND IMPRINTED THE GREAT SEAL OF THE STATE OF MISSOURI, ON THIS, THE 30TH DAY OF JULY, 1999.

Secretary of State

