# F990000004231

| To:     | Registration Se<br>Division of Co                             | ection                             |              |                         |                                |                 |                                  |                    |                 |
|---------|---|------------------------------------|--------------|-------------------------|--------------------------------|-----------------|----------------------------------|--------------------|-----------------|
|         |   | CENTRE, INC.                       |              |                         |                                |                 |                                  |                    |                 |
| SUBJ    | ECT:  | OLIVINI, INC.                      | ·            |                         | =                              | -               |                                  |                    |                 |
|         |   | (Nan                               | ne of corpor | ation - m               | ust include s                  | uffix)          |                                  |                    | <del></del> -   |
| Dear S  | Sir or Madam:   |                                    |              |                         |                                |                 |                                  |                    |                 |
| "Certi  | nclosed "Applicat<br>ficate of Existenc<br>ct business in Flo | e", and check are                  | Corporation: | for Autho<br>to registe | rization to T<br>r the above r | Fransact B      | tusiness in Fl<br>I foreign corp | orida"<br>oratio   | ,<br>n to       |
| Please  | return all corresp  | ondence concern                    | ning this ma | tter to the             | following:                     |                 |                                  |                    |                 |
|         |   | ENEZ PO                            | WELL         | * •                     | ,                              |                 |                                  |                    |                 |
|         |   |                                    | (Name        | e of Perso              | m)                             |                 | <del></del>                      |                    | ai-             |
|         |   | TRAVEL                             | CENTRE IN    |                         |                                |                 |                                  |                    | -               |
|         |   |                                    | (Firm/       | Company                 | y)                             |                 | <del></del>                      |                    | <del></del> ▼   |
|         |   | 504 BR                             | ROADWAY      | STE 2                   |                                | 800             | 00294                            | 12                 | <u> 2</u> 8-    |
|         |   |                                    | - (Δ         | ddress)                 |                                |                 | -07/26/99<br>*****87.            | Ull<br>60.*        | U700:<br>****27 |
|         |   | GARY                               | IN 4640      | •                       | -                              |                 |                                  |                    |                 |
|         |   |                                    | (City)       | State/Zip               |                                | - <del></del>   | <del></del>                      |                    |                 |
|         |   |                                    | (City)       | State Zip               | <i>)</i>                       |                 | 100                              | ر ۱ ر              | 1298            |
| Should  | wou need to coll  | P077100710 00710071                |              | 1                       |                                |                 | WTI                              | , , ,              | 1698            |
| Silvara | you need to call  |                                    |              | _                       | se call:                       |                 |                                  |                    |                 |
| ENE     | Z POWELL  |                                    | ····· 219 .  | -                       | 885 6433                       | , <del></del> . |                                  | -                  |                 |
|         | (Name of Perso  |                                    | at (         |                         | <u> </u>                       |                 |                                  | _                  | المعتبر         |
|         | (Name of Perso  | n)                                 | (Aı          | rea Code                | & Daytime T                    | Felephone       | Number)                          | 99                 | ₹g              |
| •       |   |                                    |              |                         |                                |                 |                                  | 99 NJi6            | 25              |
| STREE   | ET ADDRESS:   |                                    |              | BEAT                    | T INC. ADD                     | DECC            |                                  | 9                  | 7               |
|         | or implement  |                                    |              | WLAL                    | LING ADD                       | KE35:           |                                  | 79                 |                 |
|         | ation Section   |                                    | -            |                         | stration Section               |                 | -                                | %:<br>⊒            | 92              |
|         | n of Corporations<br>Gaines St.                               | •                                  |              |                         | sion of Corpo                  | orations        |                                  | - <del></del>      |                 |
|         | ssee, FL 32399  |                                    |              |                         | Box 6327<br>hassee, FL 3       | 32314           | A                                | S                  | S               |
| Enclose | ed is a check for the   | ne following ame                   | ount:        |                         |                                |                 |                                  | her of the parties |                 |
|         |   | _                                  |              |                         |                                | ٨,              |                                  |                    |                 |
| .\$70 ك | 00 Filing Fee   | ☐ \$78.75 Filing<br>Certificate of | -            |                         | 5 Filing Fee                   | & 1             | \$87.50 Filin                    |                    |                 |
|         |   | Certificate (                      | n status     | Centil                  | fied Copy                      |                 | Certificate of Certified Co      |                    | us &            |

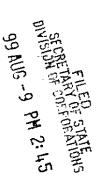


#### FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

July 30, 1999

ENEZ POWELL TRAVEL CENTRE INC. 504 BROADWAY STE 204 GARY, IN 46402

SUBJECT: TRAVEL CENTRE, INC. Ref. Number: W99000017698



We have received your document for TRAVEL CENTRE, INC. and your check(s) totaling \$87.50. 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.

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6094.

Agnes Lunt Document Specialist

Letter Number: 499A00038871

## RESOLUTION OF BOARD OF DIRECTORS

(Please print or type)

| I, the undersigned      | ENEZ POWELL             |                                       |                    | do herebs        | certify   |
|-------------------------|-------------------------|---------------------------------------|--------------------|------------------|---|
| ,                       |                         | (Name)                                |                    | , do nerco       | certify   |
| that this Resolution of | the Board of Directors  | s of                                  | -                  | <u> </u>         |   |
|                         | TRAVEL CEN              | TRE, INCORPO                          |                    |                  |   |
|                         | (                       | Corporate Name)                       |                    |                  | <u></u>   |
| a corporation duly orga | anized and existing un  | der the laws of t                     | he State of        | NDIANA           | <b>,,</b>   |
| was duly adopted on _   | JULY 18                 | · · · · · · · · · · · · · · · · · · · | -                  | , 19             | 91  |
| Be it resolved, that    | TRAVEL CEN              | TRE, INC                              | rate Name)         |                  |   |
| organized and existing  | in the State of         | (Colpo                                |                    | ereby adopts the | name  |
| TRAVEL BY PO            | WELL, INC.              |                                       |                    | for use in F     | Torida.   |
| AUGUST 7,               | 1999                    | e an analos su a analos de MagNes e e |                    |                  |   |
| _                       | July                    | Bul                                   | ell.               |                  | BIVISION -9   |
| ·                       | Signature of either Cha | .L                                    | nan or any officer |                  | LED<br>Y OF STATE<br>CORPORATION  |
|                         | Ту                      | pe or print name                      |                    |                  | - <del>-</del> |

### 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.

|                | USA                              | 35 1832199  |
|----------------|----------------------------------|---|
| JULY 1         | y under the law of which it is i | incorporated) (FEI number, if applicable)  Perpetual  5.  |
| (Da            | ate of incorporation)            | (Duration: Year corp. will cease to exist or "perpetual")   |
|                | N QUALIFICATION                  |   |
|                | (SEE SECT                        | corporation has not transacted business in Florida, insert "upon qualification." TIONS 607.1501, 607.1502 and 817.155, F.S.) 04 - GARY IN 46402 |
| 500⊄           | (Prin<br>BROADWAY , STE #204     | ncipal office address)  — GARY IN 46402   |
|                | (Cur                             | rrent mailing address)  |
| TRAV           | EL JBUSINESS                     |   |
| (Purpose       | (s) of corporation authorized in | n home state or country to be carried out in state of Florida)  |
|                |                                  | istered agent: (P.O. Box or Mail Drop Box NOT acceptable)   |
|                | ENEZ POWELL                      | Service agence (1.0. Box of Mait Diop Box NOT acceptable)   |
| Name:          | ***                              | DR  |
| •              | 360 SHERWOOD FOREST              |   |
| Name: Address: | DELRAY BEACH                     | 33445<br>, Florida  |
| •              | DELRAY BEACH                     | 33445   |
| Address:       | DELRAY BEACH                     | , Florida ?: \$\frac{33445}{25}\$   |
| Address:       | DELRAY BEACH gent's acceptance:  | , Florida ?: 🛒  |

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 business addresses of officers and/or directors: A. DIRECTORS Chairman: Address: \_\_ Vice Chairman: Address: Director: \_ Address: MANDEVILLE POWELL 246 N MONTGOMERY STREET - GARY-IN 46403 Address: \_\_\_\_ **B. OFFICERS** ENEZ POWELL President: \_\_ 246 N MONTGOMERY STREET - GARY- IN 46403 Address: Vice President: Address: Secretary: \_ Address: Treasurer: Address: 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)

14.

#### STATE OF INDIANA

#### OFFICE OF THE SECRETARY OF STATE

#### CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

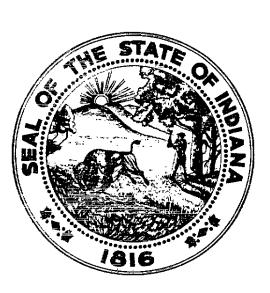
I, SUE ANNE GILROY, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

#### TRAVEL CENTRE, INC.

filed Articles of Incorporation on July 18, 1991, and is a 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 Thirtieth day of June, 1999.

Sue ann Gillag SUE ANNE GILROY, Secretary of State

Deputy