

To: Registration Section Division of Corporations	-	
A -	. (
	Services, Inc.	<u> </u>
(Name of corp	poration - must include suffix)	
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation		
"Certificate of Existence", and check are submitted transact business in Florida.	ed to register the above reference	ed foreign corporation to
ualisact ousniess in Piorida.	•	
Please return all correspondence concerning this	matter to the following:	
Toronh 1	o corpo	
— Opp N	ame of Person)	
^	•	
	olymer services, the	
•	rm/Company)	
5763 Ca	rriage or he	
	(Address)	
Savasota	. Gorida 34243	89 34
<u> </u>	lity/State/Zip)	
(0	800	
	1	******87.50 *****87.50
Should you need to call someone concerning this	matter, please call:	
Joseph Herrice # 9	41,359-9742	Tag 1/20
(Name of Person)	(Area Code & Daytime Telepho	ne Number
· ·	` .	Name/ V O d
		Availability
STREET ADDRESS:	MAILING ADDRESS:	Danie
		Ext
Registration Section	Registration Section	Lipt (
Division of Corporations 409 E. Gaines St.	Division of Corporations P.O. Box 6327	
Tallahassee, FL 32399	Tallahassee, FL 32314	Vority
•		Ank of the ment
Enclosed is a check for the following amount:		W. P. Youder
□ \$70.00 Filing Fee □ \$78.75 Filing Fee &	□ \$78.75 Filing Fee &	\$87.50 Filing Fee,
Certificate of Status		Certificate of Status &
		Certified Copy

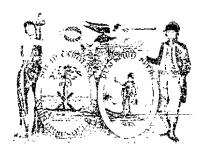
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FQREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.
1. Ovaline former tion: must include the word "INCORPORATED" "COMPANY" "CORPORATION" or
1. Caroline toylor serv 25, Inc.
(value of corporation, must include the word incorporation, controllation, controllation, of
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. State or country under the law of which it is incorporated) 3. 58-2320368 (FEI number, if applicable)
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. [tpril 25, 1997] 5. Perpetual
(Date of incorporation) (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. 5763 Carriage Drive Savasota Floride 34243
7. a. 5763 Carriage Drive Savasotz Floride 34243 (Principal office address)
the control of the co
b. Some -
(Current mailing address)
8. Milocaled Operations
(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: Joseph Verring
Name: Joseph Nerring Office Address: 5763 Carriage Dive Sarasota Morida, Florida 31243
Consider the standards
Surasora, Plorida, Florida 27072
(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.
10 replay
(Registered agent's signature)
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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:		
Director:	-	
Address:		
B. OFFICERS		
President: Joseph Hemila		
Address: 5763 Carriage Drive		3
Sarasota, Gorida 34243		13 15 m
Vice President:	: -	
Address:		
		<u>.</u>
Secretary:		
Address:		
reasurer:	· · · · · · · · · · · · · · · · · · ·	
Address:		
NOTE: If necessary, you may attach an addendum to the application lis	sting additional officers and/or di-	ractors
3	sang additional officers and/of dir	ectors.
(Signature of Chairman, Vice Chairman, or any officer	listed in number 12 of the applica	ation)
4. Joseph Cleming President		
(Typed or printed name and capacity of	of person signing application)	

The State of South Carolina



Office of Secretary of State Jim Miles Certificate of Existence

I, Jim Miles, Secretary of State of South Carolina Hereby certify that:

CAROLINA POLYMER SERVICES, INC.,

a corporation duly organized under the laws of the State of South Carolina on **April 25th**, **1997**, and having a perpetual duration unless otherwise indicated below, has as of the date hereof filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the Corporation that it is subject to being dissolved by administrative action pursuant to Section 33-14-210 of the South Carolina Code, and that the corporation has not filed articles of dissolution as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 30th day of August, 1999.

Jim Miles, Secretary of State