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SUBJECT:	- Polytian	10 LOC.	
	(Name of corr	poration - must include suffix)	
	(======	,	
Dear Sir or Madan	n:		
The enclosed "App	olication by Foreign Corporation	on for Authorization to Transact E	Susiness in Florida"
"Certificate of Exi	stence", and check are submitte	ed to register the above reference	foreign corporation to
transact business is	n Florida.	5	and the second s
Please return all co	orrespondence concerning this	matter to the following:	
	Total		
	205eph	Herring	
	(Na	ime of Person)	- 3 4 E
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	(Ci	ity/State/Zip)	
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Registration Section	n	Registration Section	Up (1)
Division of Corpor		Division of Corporations	
409 E. Gaines St.		P.O. Box 6327	Vernyer
Tallahassee, FL 32	2399	Tallahassee, FL 32314	Acknowles
-		,	W. F. Vetiber
Enclosed is a check	for the following amount:		111111111111111111111111111111111111111
	_		/
🗖 \$70.00 Filing Fo	ee 🛘 \$78.75 Filing Fee &	☐ \$78.75 Filing Fee & Ø	\$87.50 Filing Fee,
,	Certificate of Status	Certified Copy	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 FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.				
1 Polytrans, Inc.				
(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. South Carolina 3. 58-2332164				
(State or country under the law of which it is incorporated) (FEI number, if applicable)				
4. July 18, 1997 5. Perpetval (Duration: Year corp. will cease to exist or "perpetual")				
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual") 6.				
(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.)				
1. 1919 19th Street Some Sota, Clorida 342.33				
b. 5763 Carriage Drive Sapasota Horida 34734 3 (Current mailing address)				
b. 5 163 Carriage Drive Sarasota, Horida 34 234 13				
Λ .				
8. Melocated Operations = 3				
(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 Herring				
Office Address: 5763 Carriage Ville				
Sarasota, Morida 34243, Florida				
(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. (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 business addresses of officers and/or directors:	
A. DIRECTORS	
Chairman:	
Address:	
3	
Vice Chairman:	
Address:	
Director:	
Address:	
Director:	
Address:	
B. OFFICERS	······································
President: Joseph Herring	114
Address: 5763 Carriage Drive	·()=
Sarasota Aprida 31243	= = = = = = = = = = = = = = = = = = = =
Vice President: Kobert Breco	<u>ිරු සූ</u> යු
Address: 165 SE 27h Street	
Cape Corol, Florida 33904	
Secretary: Nobert Popoli	
Address: 3652 Boca Ciega Dike	
Nodes Horide 34112	
Treasurer: Joseph Herring	
Address: 5763 Carriage Drille	
Sovasok, Clorida 34243	
NOTE: If necessary, you may attach an addendum to the application listing additional officers a	and/or directors.
13. (Signature of Chairman, Vige Chairman, or any officer listed in number 12 of the	e application)
14. Josephernie Hesidant	
(Typed or printed name and capacity of person signing applica	tion)

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:

POLYTRANS, INC.,

a corporation duly organized under the laws of the State of South Carolina on **July 18th, 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