

F99000005401

TRANSMITTAL LETTER

To: Registration Section
Division of Corporations

SUBJECT: Better Solutions, Incorporated
(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 to the following:

200003011322--7
-10/11/99-01089-012
*****78.75 *****78.75

Mr. Perry R. Clawson
(Name of Person)

Better Solutions, Inc.
(Firm/Company)

198 Varsity Circle
(Address)

Altamonte Springs, Florida 32714
(City/State/Zip)

Should you need to call someone concerning this matter, please call:

Mr. Perry R. Clawson at (407) 256-6615
(Name of Person) (Area Code & Daytime Telephone Number) **AL**

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☒ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

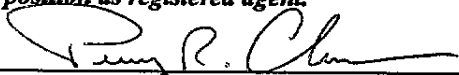
*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. BETTER SOLUTIONS, 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. DELAWARE
(State or country under the law of which it is incorporated)
3. 59-7158512
(FEI number, if applicable)
4. 14 JUNE 1999
(Date of incorporation)
5. Perpetual
(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. 198 Varsity Circle Altamonte Springs, FL 32714
(Principal office address)
- b. 198 Varsity Circle Altamonte Springs, FL 32714
(Current mailing address)
8. Services and Supplies
(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: Mr. Perry R. Clawson
Office Address: 198 Varsity Circle
Altamonte Springs, Florida 32714
(Zip code)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
OCT 11 PM 2:00

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: Mr. Perry R. Clawson

Address: 198 Varsity Circle

Altamonte Springs, FL 32714

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Mr. Perry R. Clawson

Address: 198 Varsity Circle

Altamonte Springs, FL 32714

Vice President: _____

Address: _____

Secretary: _____


Address: _____

Treasurer: _____

Address: _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 OCT 11 PM 2:00

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Perry R. Clawson President
(Typed or printed name and capacity of person signing application)

State of Delaware
Office of the Secretary of State

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I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BETTER SOLUTIONS, 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 THIS OFFICE SHOW, AS OF THE TWENTIETH DAY OF SEPTEMBER, A.D. 1999.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 OCT 11 PM 2:00



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Edward J. Freel, Secretary of State
9979424

AUTHENTICATION:

DATE: 09-20-99