

ACCOUNT NO. : 072100000032

REFERENCE : 458087

7129773

AUTHORIZATION :

COST LIMIT : \$ 70.00

ORDER DATE: November 3, 1999

ORDER TIME : 9:20 AM

ORDER NO. : 458087-005

CUSTOMER NO: 7129773

500003035625--2

CUSTOMER: Mr. Robert J. Trovato

Mr. Robert Trovato

Suite 302

2070 Belmont Road Washington, DC 20009

FOREIGN FILINGS

NAME:

YOUNGER YOU, INC.

XXXX QUALIFICATION

(TYPE: <u>CO</u>)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janna Wilson

IN COMPLIANCE	WITH SECTION 607.1503, EIGN CORPORATION TO T	FLORIDA STAT	UTES, THE F INESS IN THE	OLLOWING IS SUBJ STATE OF FLORIDS	MITTED TO) 20-20-00-00-00-00-00-00-00-00-00-00-00-0
REGISTER A FORI	JGN CORPORATION 10 1	AIC			7	· .
(Name of corporal words or abbrevial natural person or p	ion; must include the word "Include the word "In	NCORPORATED", as will clearly indi- the name at presen	"COMPANY", acate that it is a cat.)	"CORPORATION" or corporation instead of a	4. J	
τ_{\perp}	MOT	2				
2. <u>DelA</u>	WARE under the law of which it is inc	cornorated)	·(F	El number, if applicabl	e)	
(State or country		ev, potator,	JB3012	10.00		
1 1 .	of incorporation)	r.		will cease to exist or "I		
6. to k	e (W 200)	O SECUTION	s 607 1501 60°	7.1502 and 817.155, F.S	3.)	
(Date first	transacted business in Florida. 070 Belmor NASh DC (Curre	.) (SEE SECTION	Cuito	302		
. 2	070 Belmor	vi Na	300g			
7/	JACK Dr	20009				
	V FASTI DC (Curr	ent mailing addres	s)			
ς,	KIN CARE	SALES_				
8. J	s) of corporation authorized in	n home state or co	intry to be carri	ed out in state of Florid	a)	
9. Name and str	reet address of Florida reg	gistered agent: ((P.O. Box or N	Mail Drop Box <u>NOT</u>	acceptable)	
Name:	Corporation Service	Company				
Office Address:	1201 Hays Street					
	<u>rallahassee</u>		, Florida	32301 (Zip code)		
ere I	agent's acceptance:	accept service of p	rocess for the a	bove stated corporation	at the place further agre	designated in e to comply
this application,	nereoy accept the appointments of all statutes relative to the fmy position as registered age	proper and compent.	lete performano	e of my duties, and I ar	n familiar wi	th and accept
Me outiguesand of	Corperation	Service Compa	iny			
	BY: OM	(Registered agent's	signature)			
	(/)	_	\ \	داد کم مسمدانه <u>در برای در در در</u>	ie annlicatio	m to the
11. Attached is:	a certificate of existence duly a tate, by the Secretary of State	authenticated, not r	note than 90 day	ys prior to delivery of the corporate records in the	jurisdiction	under the law of
Department of 5	tate, by the Sceretary of State	or other official na	vine coswa) or	r ·		

which it is incorporated.

Lounger you, Inc A. DIRECTORS (Street address only - P.O. Box NOT acceptable) Chairman: See attached officers/directors rider Kobert Address: _ Vice Chairman: Address: ___ Address: __ Director: _ Address: B. OFFICERS (Street address only - P.O. Box NOT acceptable) TROVATO Kobert President: See attached officers/directors rider MARTW Road Address: ____ Vice President: esser Address: _____ Tree Cor Lowe -Address: _ Treasurer: ___ SAME 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) Robert (Typed or printed name and capacity of person signing application)

State of Delaware Office of the Secretary of State

THE WARD OF THE SECRETARY OF STATE OF THE STATE OF DELAWARE AND IS INC. TO STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS INC. SECONDS OF THIS OFFICE SHOW, AS OF THE THIND CAY OF NOVE-BER.

HOUR TOO HURBLE HORTHER CERTIFY THAT THE FRANCHIESE TAXES HAVE BEEN MAIN TO DATE:

AND I DO MERERY FURTHUR CERTIFY THAT THE SAID "NOUNGER YOU.

THU " WAS UNCOMPORATED ON THE TWENTY-THIRD DAY OF MAY, ALC.

TRUET.



Edward J. Freel, Secretary of State

AUTHENTICATION:

30411141

DATE:

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