F990000055843

INAINS	MILLAL LETTER	•
To: Qualification/Tax Lien Section Division of Corporations		- · ·
CIDIFOT. II C D A Drongert	-	
SUBJECT: U.S.P.A. Properti	corporation - must include suffix)	
	•	منتها المراجعة
Dear Sir or Madam:		DDO30304375 -11/01/9901072009 *****78.75 *****78.75
The enclosed "Application by Foreign Corpo "Certificate of Existence", and check are substransact business in Florida.	ration for Authorization to Transact mitted to register the above reference	Dynings in Et . 1 2
Please return all correspondence concerning to	his matter to the following:	W99-25302
Dale Jenkins		
	(Name of Person)	. Mark
TY 0 7 1 -	,	
U.S.P.A. Proper	cties, Inc. (Firm/Company)	
	1 2/	
3380 Fairlane F	Farms Rd., Suite 2	<u> </u>
	(Address)	99 SE TAI
Wellington, Flo	rida 33414	ECR -
	(City/State/Zip)	一芸型 & 可
		SSR 72
Should you need to call someone concerning the	his matter, please call:	ED PM 9: OF STA
Dale Jenkins at (561 333-2668	58
(Name of Person)	(Area Code & Daytime Telephon	e Number)
		mh
STREET ADDRESS:	MAILING ADDRESS:	11/12
Qualification/Tax Lien Section Division of Corporations	Qualification/Tax Lien Se Division of Corporations	ction
409 E. Gaines St. Tallahassee, FL 32399	P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a check for the following amount:		•
☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee 6 Certificate of State		\$87.50 Filing Fee, Certificate of Status &

FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

November 3, 1999

DALE JENKINS U.S.P.A. PROPERTIES, INC. 3380 FAIRLANE FARMS RD., STE 2 WELLINGTON, FL 33414

SUBJECT: U.S.P.A. PROPERTIES, INC.

Ref. Number: W99000025302

We have received your document for U.S.P.A. PROPERTIES, INC. and your check(s) totaling \$78.75. However, the document has not been filed and is being concerned in this office for the following:

A certificate of existence, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 487-6097.

Michael Mays Document Specialist

Letter Number: 699A00053023

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

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.

	A. Properties,	2		<u> </u>				:
	poration; must include the w							
	eviations of like import in la			is a corpora	tion instead o	fa		
naturai person	or partnership if not so cont	amed in the name at pres	sent.)					
2. <u>Illin</u>	nois	3.	36-328	30427				: = -
(State or count	ry under the law of which it	is incorporated)		(FEI numbe	r, if applicable	le)		
4. May 2	26, 1981	5. Perpet	ual					
	ate of incorporation)			rp. will cease	to exist 💇	Ĝτρe∰al")	·
				-	1	3	•	
	1, 1999	'1 \					-	- <u>- </u>
(Date fir	rst transacted business in Flo	nda.) (SEE SECTIONS 6	507.1501, 60	07.1502 and 8	317.155, FS	-		
7. 3380 Fa	irlane Farms Roa	d. Suite 2. We	llingto	on, Flor	ida 33	< № 514	П	
					<u> </u>	2 3		· · · · · · · · · · · · · · · · · · ·
-					<u></u>	(0		
	. (9	Current mailing address)			Ĩ,	1 5	•	·
						Φ		
8. Promote	Public awareness	of polo,incom	e from	licensi	ng of U	SPA tr	adem	arks
	e(s) of corporation authorize							. · →.
9. Name and st	reet address of Florida r	egistered agent: (P.O.	Box or Ma	ail Drop Bo	x NOT acce	ptable)		
Name:	Dale Jenkins							
ranic.								
Office Address:	3380 Fairlane F	arms Rd. Ste.	2					
	TT = 1 1 = +			33414				
	Wellington		, Florida, 🗋	77414				
				(Zip code)			*	
10 Registered	agent's accentance							

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	s and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT accepta	able)			
A. DIREC	CTORS (Street address only - P.O. Box NOT acceptable)				
Chairman:	Mr. Orrin H. Ingram				
Address: _	4400 Harding Road			· .	<u> </u>
	Nashville, TN 37205	.	T.		· · · · · · · · · · · · · · · · · · ·
Vice Chaire	mankx Director: Mr. Richard Riemenschneider				
Address: _	16 Wirt Street. S.W.			-	· ·
	Leesburg, VA 20175				
Director: _	Mr. Stephen A. Orthwein				
	1409 Washington Avenue				
	St. Louis, MO 63103		-	-	. : -
Director:	Mr. Jesse L. Upchurch	SE TAI	96		
	C/O Upchurch Corp., Suite 600 - 500 Main Street	CRE	8	-	-
	Fort Worth, TX 76102 ERS (Street address only - P.O. Box NOT acceptable)	ARY O	2		:
President:	Merle Jenkins	FST/ FLO	P# 9	U	
Address:	26821 Meadowbrook Ra.	BA A	58		
	Novi Michigan 48377			1	
Vice Presider	nt: Flyira Jenkins	<u> </u>			
Address:	29 Hoordwobsom 15826		•••		
	Novi Michigan 48377		 -		
Secretary:	Dale Jenkins				
Address:	1208 Belmore Terrece				
	Wellington, Florida 33414	···			
Treasurer:	J'	·	_ :		
Address:		<u> </u>	· e		=:
		——————————————————————————————————————	<u></u>		<u> </u>
NOTE: If no	ecessary, you may attach an addendum to the application listing additional officers and/or	liraatara			
13	Dale Jahr	meciois	•		m .
	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the appli	cation)			
14	(Typed or printed name and capacity of person signing application)			· .	
	(*) printed name and capacity of person signing application)				

File Number ______ 5239-859-2



To all to whom these Presents Shall Come geting:

the day of the same of the sam

In Testimony Whereof, I, hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this ______ 8TH day of _____ NOVEMBER A.D. _____ 1999 .

Desse White

SECRETARY OF STATE