TRANSMITTAL LETTER

To: Qualification/Tax Lien Section Division of Corporations		· - ·
SUBJECT: KILLER Bee I (Name of corporation	N CORPORATEC	(INC.)
Dear Sir or Madam:		in Manida NO King
The enclosed "Application by Foreign Corporation for A "Certificate of Existence", and check are submitted to report to transact business in Florida.	uthorization to Transact Bus gister the above referenced for	
Please return all correspondence concerning this matter t	o the following:	0 970
TAM ES T. I	304ll	2 2 2
_		PM 2: 00
Killer Bee]	ENC.	
(Firm/Com		
1250-A OCEANVIE	3 8)	·
marathon FL (City/State	33050 e/Zip)	- w99-24947
•		
Should you need to call someone concerning this matter		0003023673(-10/25/9901085014 ******78.75 ******78.79
James T 130yll at (800 (Area C	1771-2248	
(Name of Person) (Area C	ode & Daytime Telephone N	(umber)
		* # {
STREET ADDRESS:	MAILING ADDRESS:	¥r.
Qualification/l'ax Lien Section Division of Corporations 409 B. Gaines St.	Qualification/Tax Lien Sec Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	MON ,
Tallahassee, FL 32399	rendinasce, co avoid	
Enclosed is a check for the following amount:		
Certificate of Status	\$78.75 Filing Foe & Certified Copy	\$87,50 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

October 28, 1999

JAMES T. BOYLL 1250-A OCEANVIEW MARATHON, FL 33050

SUBJECT: KILLER BEE INC. Ref. Number: W99000024947

GS NOV 18 PM 2:00

We have received your document for KILLER BEE INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 607.0120(4), 617.01201, or 608.4081, Florida Statutes, requires all corporate documents to be typewritten or printed.

The document must have original signatures.

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the DOCUMENT SPECIALIST indicated.

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) 487-6094.

Agnes Lunt Document Specialist

Letter Number: 399A00051948

INH519(4/96)

RESOLUTION OF BOARD OF DIRECTORS

(Please print or type)

ANITA GUTIERREZ	_, do hereby certify
hat this Resolution of the Board of Directors of	
KILLER BEE INC	
(Corporate Name)	
a corporation duly organized and existing under the laws of the State of MISSI	SSIPPI
was duly adopted onSEPTEMBER 19	, 19 <u>98</u>
KILLER BEE INC	, , , , ,
Organized and existing in the State of MISSISSIPPI hereb	y adopts the name
KILLER BEE BAIT INC - MISSISSIPPI	_ for use in Florida
11/15/99	
Dated:	A 1 AON 66
Type or print name	•

gg NOV 18 PH 2: (

SECTE LATTY OF STATIONS

which it is incorporated.

Sent By: "KILLER BEE BAIT/DRAG-N-BAIT;

305 743 2717;

Oct-8-99 12:42;

· Page 4/5

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. (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.) (State or country under the law of which it is incorporated) (Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) (Current mailing address) (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) 10. Registered agent's acceptance: Having been named as registered agent and to accept service of pracess 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 abligations 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

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

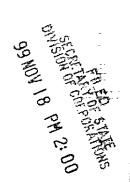
man:	CLAY GUTIERREZ		
255:	4019 BRANDON JAMES DRIVE		
	BILOXI MS 39532		
Chairman	BRENT GUTIERREZ	 -	-
:55:	2508 BRIGHTON CIRCLE		-
	BILOXI MS 39531	-	
or:	LARRY GOLLOTT		
ess:	370 BAYVIEW AVENUE		-
	BILOXI MS 39530		
or:	ANITA GUTIERREZ		-
:55:	8512 DAISY VESTRY ROAD		-
	BILOXI MS 39532		-
FFICER	S CLAY GUTIERREZ		9
en:	4019 BRANDON JAMES DRIVE	NON GE	
	BILOXI MS 39532	~	= T
President:	LARRY GOLLOTT	70	300
:39:	370 BAYVIEW AVENUE	2: [77.7
	BILOXI MS 39530	0	2115
tary:	ANITA GUTIERREZ		
:95:	8512 DAISY VESTRY ROAD		
	BILOXI MS 39532		<u>:</u> .
urer:	BRENT GUTIERREZ	-	_
255:	2508 BRIGHTON CIRCLE		
	BILOXI MS 39531	-	-

(Typed or printed name and capacity of person signing application)

State of Mississippi

Secretary of State's Office Eric Clark

Secretary of State Jackson, Mississippi



CERTIFICATE OF EXISTENCE/AUTHORITY

I, ERIC CLARK, Secretary of State of the State of Mississippi, and as such, the legal custodian of the corporate records, required by the laws of Mississippi, to be filed in my office, do hereby certify:

That on September 18,1998 the state of Mississippi issued a Charter/Certificate of Authority to:

KILLER BEE, INC.

That the state of incorporation is MISSISSIPPI.

That the period of duration is Perpetual.

That according to the records of this office, Articles of Dissolution or a Certificate of Withdrawal have not been filed.

That according to the records of this office, a current Annual Report has been delivered to the Office of the Secretary of State.

I further certify that all fees, taxes and penalties owed to this state, as reflected in the records of the Secretary of State, have been paid and that the corporation is in existence or has authority to transact business in Mississippi.

STATE OF THE STATE

Given under my hand and seal of office October 08,1999

ERIC CLARK, Secretary of State