F990000000606295

To: Qualification/Tax Lien Section Division of Corporations	
SUBJECT: SSYL CARRIER	S INC
(Name of corporation - must include suffix)	
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Authorization to Transa "Certificate of Existence", and check are submitted to register the above referent transact business in Florida.	ct Business in Florida", need foreign corporation to
Please return all correspondence concerning this matter to the following: AMES	FLORIDA F D 12/7 107003055792-8 -11/29/99-01140-004 *****70.00 *****70.00 W99-27347
STREET ADDRESS: MAILING ADDRES	SS:
Qualification/Tax Lien Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 Qualification/Tax Lie Division of Corporation Division of Corporation P.O. Box 6327 Tallahassee, FL 32319	ons
Enclosed is a check for the following amount:	
\$70.00 Filing Fee \$\sigma\$ \$78.75 Filing Fee \$\times\$ Certificate of Status Certified Copy	 \$87.50 Filing Fee, Certificate of Status & Certified Copy

FLORIDA DEPARTMENT OF STATE Katherine Harris

Katherine Harris Secretary of State

December 1, 1999

JAMES CHAMBERS PADGETT BUSINESS SERVICES 345 BEVILLE RD., #107 S. DAYTONA, FL 32119

SUBJECT: SS&L CARRIERS INC. Ref. Number: W99000027347

We have received your document for SS&L CARRIERS INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of \$1000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report fees due this office.)

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: 499A00056709

FILED

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 S & L PARRIERS TWC
(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. 59-3602625 (FEI number, if applicable)
4. 10/7/99 5. PERIETUAL (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. INDER QUALIFICATION
6. (Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 345 BEVILLE Rd. #107 58
S. DAYTOWA FL. 32119
(Current mailing address)
(Control management)
8. LEAD OFFICA LOCATED IN FLONIDA SE NO
(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)
I A
Name: JAMES SHAMBELS
Office Address: 345 BEVILLE RD. #107
S. DAYTONA FEBRUAR Florida 32/19
(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.
- Con Ch aub
(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

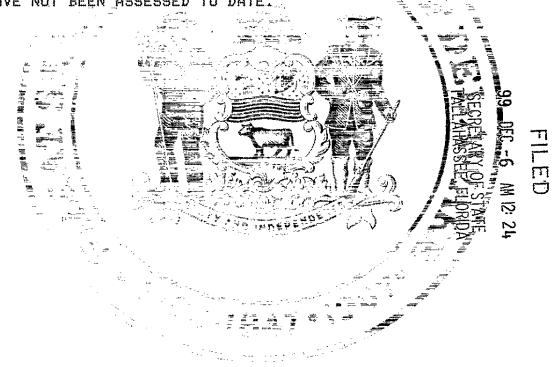
of which it is incorporated.

DIRECTORS (Street address only - P.O. Box NOT ac	cceptable)			
airman:				
dress:				
e Chairman:	****			
lress:				
rector: JAMES RHAM	1 K O u S			
dress: 345 BEVILLE	RD #107			
J. DAYTUNA FL	1. 32119			
ector:				
dress:		ALL ALL	99	
		金 河) - -	
OFFICERS (Street address only - P.O. Box NOT	racceptable)	SE O	5 [
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Iress:				
OTE: If necessary, you may attach an addendum to the a	application listing additional of	Figure and/or discrete		
Tee. In necessary, you may retain an addendum to the a	Implication listing additional of	meers and/or directors.		
(Signature of Chairman, Vice Chairman, or	r any officer listed in number	12 of the application)		

State of Delaware Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SS & L CARRIERS, 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 DEFICE SHOW, AS OF THE SEVENTEENTH DAY OF NOVEMBER, A.D. 1999.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.



Edward J. Freel, Secretary of State

0088372

AUTHENTICATION:

11-17-99

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