

To: Qualification/Tax	Lien Section				
Division of Corpo					
SUBJECT: BL	T Manag	emen4, Dn ation - must include suffix	٠.		
	(Name of corpo	ation - must include suffix	(:)		
		for Authorization to Trans I to register the above refer	act Business in F	offda",****	-008
to transact business in Flo	rida.				
Please return all correspon	dence concerning this m	atter to the following:			
	Beth N.	e of Person)			
	BLT Man	nagement	Drc.		
	70 Boy 4	60207 Address)	· 		
	Marchan	Tx 7705	<u></u>		
	(City	//State/Zip)	<u> </u>		-
	•	• /			
Should you need to call so	meone concerning this n	natter, please call:			
BethNewm	av at (7)	3)963-818	3 X12		
(Name of Person)	(A	rea Code & Daytime Telep	hone Number)	99 DES SECRE FALLAH	
STREET ADDRESS:		MAILING ADDRES	SS:	ASSEE.	
Qualification/Tax Lien Sec Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399	etion	Qualification/Tax Lie Division of Corporati P.O. Box 6327 Tallahassee, FL 323	ons	AM 9: 40 OF STATE E. FLORIDA	
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	Certificate	\$\\$87.50 Filing Fee, Certificate of Status &	
A-100 21	GA2		Certified C	Certified Copy	



October 29, 1999

BETH NEWMAN BLT MANAGEMENT, INC. P.O. BOX 460207 HOUSTON, TX 77056

SUBJECT: BLT MANAGEMENT, INC. Ref. Number: W99000024993

We have received your document for BLT MANAGEMENT, INC. and your check(s) totaling \$87.50. However, the document has not been filed and is being retained 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) 487-6025.

Trevor Brumbley Document Specialist

Letter Number: 299A00052073

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.) 2. Te xas
(State or country under the law of which it is incorporated)

3. 76-0386982
(FEI number, if applicable) 5. Oer petual (Duration: Year corp. will cease to exist or "perpetual") 6. 10 - - 99 (Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) 9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable Name: Phillip Markey

Office Address: 114 Pointe Circle 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.

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

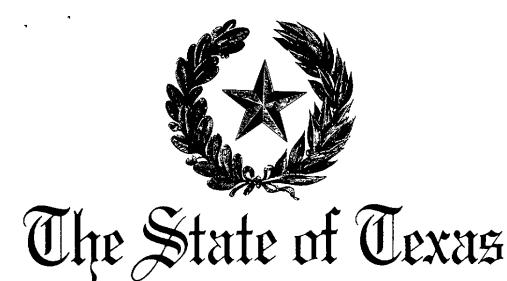
which it is incorporated.

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

A. DIRECT	TORS (Street address only - P.O. Box NOT acceptable)		
Chairman: _			
Address:		- Sage -	
		K/- 5 <u>-</u>	
Vice Chairma	man:		
Address:		· 표. / 발 · *	
		4	
Address:			<u>-</u> -2' -3
			
Director:			
		 	 -,
		T	 , -
B. OFFIC	CERS (Street address only - P.O. Box NOT acceptable)		
President: _	phillip Markey		
Address:	5065 Westheimer#630		 -
	Hooston Ty 77056	- 1M	
Vice Preside	dent: Sa we	· <u></u> :	
Address:		·	
· —		A: SE 99	_
Secretary:	Dans		
Address:	ر م	SAR 5	
Addicess	1	T CO	- K
	Plane	7 £	
Treasurer:			
Address: _			* 7
_	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	, The second	∵ •- ·
NOTE: If	If necessary, you may attach arraddendum 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)	10	- 7.04
14	Dhillia Markey President		
17.	(Typed or printed name and capacity of person signing application)		- "

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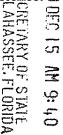


SECRETARY OF STATE

IT IS HEREBY CERTIFIED that Articles of Incorporation of

BLT MANAGEMENT, INC. File No. 1240248-0

were filed in this office and a certificate of incorporation was issued to this corporation, and no certificate of dissolution is in effect and the corporation is currently in existence.





IN TESTIMONY WHEREOF, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in the City of Austin, on November 30, 1999.

> Elton Bomer Secretary of State