





FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

September 16, 1999

ELISA RAY  
P.O. BOX 458  
MILTON, FL 32572

SUBJECT: PRECISION WOODWORKING, INC.  
Ref. Number: W99000021339

We have received your document for PRECISION WOODWORKING, 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:

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) 487-6025.

Trevor Brumbley  
Document Specialist

Letter Number: 299A00045627

99 DEC 17 AM 9:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
AND  
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. Precision Woodworking, Inc.

(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. CA

(State or country under the law of which it is incorporated)

3. 58-2235011

(FEI number, if applicable)

4. 2-01-1996

(Date of incorporation)

5. perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. upon qualification

(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")  
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. a. Rt 3 Box 325 Adel, GA 31620

(Principal office address)

b. P O Box 458 Milton, FL 32572

(Current mailing address)

8. open a men's facility for cutting wood products

(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)

Name: Elisa H. Ray

Office Address: 5572 North Stewart St.

Milton, FL 32570, Florida 32570  
(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.

Elisa H. Ray  
(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.

99 DEC 17 AM 9:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
APPROVED  
AND  
FILED

12. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: James N. Ray

Address: 4550 Avalon

Milton, FL 32583

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: Elisa H. Ray

Address: 4550 Avalon

Milton, FL 32583

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Elisa H. Ray

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Elisa H. Ray

Secretary

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

APPROVED  
AND  
FILED  
99 DEC 17 AM 9:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# RESOLUTION OF BOARD OF DIRECTORS

(Please print or type)

I, the undersigned James N. Ray  
(Name) do hereby certify

that this Resolution of the Board of Directors of \_\_\_\_\_

Precision Woodworking Inc.  
(Corporate Name)

a corporation duly organized and existing under the laws of the State of Georgia,

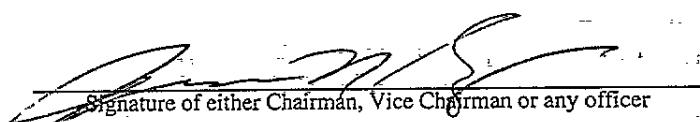
was duly adopted on January 22, 1996.

Be it resolved, that Precision Wood working Inc.  
(Corporate Name)

organized and existing in the State of Georgia, hereby adopts the name

Ray Precision Co. for use in Florida.

Dated: 11-15-99

  
Signature of either Chairman, Vice Chairman or any officer

James N. Ray  
Type or print name

99 DEC 17 AM 9:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
APPROVED  
AND  
FILED

**Secretary of State**  
**Corporations Division**  
**315 West Tower**  
**#2 Martin Luther King, Jr. Dr.**  
**Atlanta, Georgia 30334-1530**

DOCKET NUMBER : K92370072  
CONTROL NUMBER : K604089  
DATE INC/AUTH/FILED: 02/01/1996  
JURISDICTION : GEORGIA  
PRINT DATE : 08/25/1999  
FORM NUMBER : 211

PRECISION WOODWORKING, INC.  
JAMES N. RAY  
P.O. BOX 458  
MILTON, FL 32572

**CERTIFICATE OF EXISTENCE**

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

**PRECISION WOODWORKING, INC.**  
**A DOMESTIC PROFIT CORPORATION**

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



*Cathy Cox*

Cathy Cox  
Secretary of State

99 DEC 17 AM 9:00  
SECRETARY OF STATE  
MAIL ROOM  
FILED  
APPROVED  
AND