# F99 RMPCLIPTED 65-49

	Qualification/Ta Division of Corp						
SUBJECT	: VERMONT	FIREWORKS	CO., I	NC.			
					ust include suffix)		
Dear Sir o	or Madam:						
		on by Foreign Corpo to register the above					rtificate of Existence",
Please ret	urn all correspo	ndence concerning		to the followin	ıg:	900003 -12/13	<b>0679631</b> 1/330103010
		David Swer	son		·		87.50 *****87.50
				(Name of Pe	rson)		
		Vermont Fi	reworks	s Co., I	nc.		
				(Firm/Comp	oany)		
		PO Box 414					
		10, 2011 12	· · · · · · · · · · · · · · · · · · ·	(Address	s)		
		Montrolica	. tom (	05601			
		Montpelier	·, VT	(City/State/	Zip)		
				(45. 4	—- <b>-</b>		
Should vo	on need to call s	omeone concerning	this matter	please call:			
Dittoura y o		2	,	, F			9
David	Swenson		at	802-229	-9690		SINGER SINISIDAL 99 DEC
***	(Name	of Person)		(Area C	ode & Daytime Tele	ephone Number)	
STREET	ADDRESS:				MAILING ADD	RESS:	PM 12:
	tion/Tax Lien S of Corporations				Qualification/Tax Division of Corpo P.O. Box 6327		: 10 TIONS
	ee, FL 32399	·			Tallahassee, FL 32	2314	Frank St.
Enclosed	is a check for t	ne following amour	ıt:				e majority
\$70.00	0 Filing Fee	\$78.75 Filing Certificate of		\$78.75 Certifie	Filing Fee & d Copy	X \$87.50 Filin Certificate Certified C	of Status &

### 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.

(State or country under the law of which it is incorporated)  (FEI number, if applicable)  4. 09/29/93 (Date of incorporation)  (Duration: Year corp. will coase to exist or "perpetual (Duration: Year corp. will coase to exist or "perpetual (Duration: Year corp. will coase to exist or "perpetual (Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)  7. PO BOX 414  MONTPELIER VT 05601  (Current mailing address)  8. Firework Sales (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: CT Corporation System  Office Address: 1200 South Pine Island Road  Plantation  Plantation  Florida, 33324 (Zip code)  10. Registered agent's acceptance:  Hoving been named as registered agent and to accept service of process for the above stated corporation at the place design of this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to compty with the provisions of all statutes relative to the proper and complete performance of my duttles, and I am familia and accept the obligations of my position as registered agent.	(State or country under the law of which it is incorporated)  (FEI number, if ap  (FEI number, if ap  (Date of incorporation)  (Duration: Year corp. will cease to end  (Duration: Year corp. will cease to end  (Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155  (Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155  (Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155  (Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155  (Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155  (Current mailing address)  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Flory  Name: CT Corporation authorized agent: (P.O. Box or Mail Drop Box NOT acceptable)  Name: CT Corporation System  Office Address: 1200 South Pine Island Road  Plantation , Florida, 33324  (Zip code)  (O. Registered agent's acceptance:  Varing been named as registered agent and to accept service of process for the above stated corporation at the surface of the appointment as registered agent and agree to act in this capacity. I furempty with the provisions of all statutes relative to the proper and complete performance of my duties, and in accept the obligations of my position as registered agent.  (Registered agent's signature)  (Registered agent's signature)	2. Vermon	<b>*</b>			
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all for	(Registered agent's signature) EDWARD GWIEDALLA	Name: fice Address:  Registered a  ving been nan this applicatio	1200 South Pine Island Road  Plantation  sgent's acceptance:  med as registered agent and to accept service of pro  m, I hereby accept the appointment as registered as	(Zip	stated corporation at the	F UNRED ATTONS  F PH 12: 10  he place designated the place of the place designation of the place
all file	EDWARD GWIEDALLA	Name: fice Address:  Registered a wing been nan this application mply with the	1200 South Pine Island Road  Plantation  agent's acceptance:  med as registered agent and to accept service of pro  m, I hereby accept the appointment as registered agent and to the proper and the provisions of all statutes relative to the proper and the provisions of all statutes relative to the proper and the provisions of all statutes relative to the proper and	(Zip	stated corporation at the	F UNRED ATTONS  F PH 12: 10  he place designated the place of the place designation of the place
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	Attached is a certificate of existence duly authenticated, not more than the composition of this applipartment of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction it is incorporated.	Name: ffice Address:  Registered a  ving been nan this applicatio  mply with the j d accept the ol	1200 South Pine Island Road  Plantation  agent's acceptance:  med as registered agent and to accept service of prom, I hereby accept the appointment as registered agent and to the proper and the biligations of my position as registered agent.  Registered agent'	cess for the above tent and agree to a complete performant signature)	stated corporation at toot in this capacity. I funce of my duties, and	he place designather agree to I am familiar w

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

of which it is incorporated.

A. DIREC	TORS (Street address only - P.O. Box NOT acceptable)		
Chairman:	David Swenson	<del></del>	
Address:	400 Fair Rd.		
	East Montpelier, VT 05651		
Vice Chair	man:		
Address:	······································		
Director:			
Address:			
Director:			
Address:			<del></del>
B. OFFIC	ERS (Street address only - P.O. Box NOT acceptable)		
President:	David Swenson	<del></del>	- · · · · · · · · · · · · · · · · · · ·
Address:	400 Fair Rd.		-
	East Montpelier, VT 05651	9	13 <u>200</u>
Vice Presid	ent:	DEC	
Address:		5	
		PM	<u> </u>
Secretary:		]     :S	TATE TATE
Address:		<u> </u>	<u>জ</u>
Treasurer:			
Address:			
NOTE: IC	necessary, you may attach an addendum 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)		
14 Davi	d Swenson, President		
, T. DUVI	(Typed or printed name and capacity of person signing application)		· .



## STATE OF VERMONT OFFICE OF SECRETARY OF STATE

### Certificate of Good Standing

I, Deborah L. Markowitz, Secretary of State of the State of Vermont, do hereby certify that according to the records of this office

#### VERMONT FIREWORKS CO., INC.

a corporation formed under the laws of the State of Vermont

was filed for record in this office on January 21, 1993

SECTA WIND OF STATIONS CONTINUES OF STATIONS OF STATIO

I further certify that the corporation has perpetual duration, that its most recent annual report is on file, and that articles of dissolution have not been filed.

December 1, 1999

Given under my hand and the seal of the State of Vermont, at Montpelier, the State Capital

Delant Mans

Deborah L. Markowitz Secretary of State