

Division of Operations
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NOTE: DON NOT attribute REFERENCE TO ANY body you interview without his or her permission. All legal matters are the lawyer's responsibility.

302:

Division of Corporations
 Tax Number : (880) 205-6-3833

Account Name : K N CORPORATION SYSTEM
Account Number : F00000000023
Phone : (855) 222-1192
Fax Number : (855) 222-5528

FOR THE UNITED STATES DEPARTMENT OF JUSTICE

COLUMBIAN UNIVERSITY

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The Daily Macroeconomic Outlook

APPLICATION FOR REGISTRATION LIMITED LIABILITY COMPANY OR AUTHORIZATION OF
TRANSACT BUSINESS IN FLORIDA

1. COMPANY NAME: THE FLORIDA TURKEY PRODUCT COMPANY, INC. (PLEASE PRINT FULL NAME OF COMPANY)
AND THE OFFICE OF THE SECRETARY OF STATE, TALLAHASSEE, FLORIDA

2. TYPE OF BUSINESS: INCORPORATED

(Select one of the following: (1) Sole Proprietorship; (2) Partnership; (3) Corporation; (4) Limited Liability Company)

3. DUE

(Please indicate month and year when the company will begin business)

(Please indicate month and year when the company will begin business)

4. OFFICE

(Indicate full physical address)

5. STATE

(Indicate full physical address of the company's principal office)

6.

(Please indicate the name of the person who will be the registered agent for the company in Florida)

7. (1) NAME: Robert M. Smith

(Indicate full physical address)

(Indicate full physical address of the registered agent)

8. (2) FURTHER INFORMATION: None

9. (3) I, the undersigned, declare that the information furnished herein is true and correct to the best of my knowledge and belief.

(Signature of Registered Agent)

(Typed Name of Registered Agent)

(Signature of Secretary of State)

(10) I, the undersigned, declare that the information furnished herein is true and correct to the best of my knowledge and belief.

(11) Name of business: THE FLORIDA TURKEY PRODUCT COMPANY, INC.

(Signature of Secretary of State)

(Typed Name of Secretary of State)

(Signature of Secretary of State)

CERTIFICATE OF REGISTRATION
REGISTERED AGENTS OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 603.41 AND 603.62, FLORIDA STATUTES, THE
 UNDERSIGNED LIMITED LIABILITY COMPANY IS SUBJECT TO THE FOLLOWING STATEMENT
 OF INFORMATION REGARDING THE OFFICIAL REGISTRATION OF THE COMPANY.

1. The name of the Limited Liability Company is:

1. (Name of the Limited Liability Company)

2. The address of the Limited Liability Company is:

2. (Address of the Limited Liability Company)

(City)

3. (Name of the Limited Liability Company)

Florida State Address (FSC) (FSC) (FSC)

4. (Name of the Limited Liability Company)

5. (Name of the Limited Liability Company)

6. (Name of the Limited Liability Company)

7. (Name of the Limited Liability Company)

8. (Name of the Limited Liability Company)

9. (Name of the Limited Liability Company)

10. (Name of the Limited Liability Company)

11. (Name of the Limited Liability Company)

- 12. (Name of the Limited Liability Company)
- 13. (Name of the Limited Liability Company)
- 14. (Name of the Limited Liability Company)
- 15. (Name of the Limited Liability Company)

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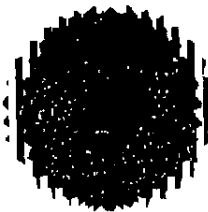
THE STATE OF TEXAS

FRONT 11

The State of Texas

THE STATE OF TEXAS, COUNTY OF DALLAS, BEING THE COUNTY OF THE STATE OF TEXAS, DO HEREBY CERTIFY THAT THE FOLLOWING IS A TRUE AND CORRECT COPY OF THE RECORDS OF THE COUNTY CLERK OF THE COUNTY OF DALLAS, TEXAS, AS THE SAME ARE KEPT IN THE OFFICE OF THE COUNTY CLERK, DALLAS, TEXAS, THIS 11th DAY OF OCTOBER, 1994.

FILED
OCT 11 1994
DALLAS COUNTY, TEXAS
COUNTY CLERK



100216551220

100015

Harriet L. Harrison
COUNTY CLERK OF DALLAS COUNTY, TEXAS
AUTHENTICATED: 100216551220

DATE: 10-11-94