F01000000863

TRANSMITTAL LETTER

| To: Qualification/Tax Lien Section Division of Corporations | | |
|---|--|--|
| SUBJECT: FACTIS Brothers | Inc | |
| | on - must include suffix) | <u> </u> |
| Dear Sir or Madam: | | |
| The enclosed "Application by Foreign Corporation for "Certificate of Existence", and check are submitted to transact business in Florida. | Authorization to Transact register the above reference | ed foreign corporation to |
| Please return all correspondence concerning this matte | r to the following: | 00 F SECS |
| _ | | FILED REB 15 PM |
| <u>Diane Youngbloo</u> (Name o | f Person) | —————————————————————————————————————— |
| Farris Brothers | | E E E |
| Firm/Co | | PH 8: 09 PSTATE FIGREDA |
| | <u>~</u> |)A |
| bbA) | ress) | - unt |
| Hattiesburg Ms | 79402 | <u> </u> |
| (City/Sta | ate/Zip) | <u> </u> |
| , , , | | |
| Should you need to call someone concerning this matter | | -12/19/0001001006 *****70.00 *****70.00 |
| (Name of Person) at (60) | , 264-8444 | W-29868 |
| (Name of Person) (Area Code & Daytime Telephone Number) | | |
| • | | |
| STREET ADDRESS: | MAILING ADDRESS: | |
| Qualification/Tax Lien Section | Qualification/Tax Lien Se | ection |
| Division of Corporations 409 E. Gaines St. | Division of Corporations P.O. Box 6327 | |
| Tallahassee, FL 32399 | Tailahassee, FL 32314 | |
| Enclosed is a check for the following amount: | | |
| \$70.00 Filing Fee \$\Boxed{\sigma}\$ \$78.75 Filing Fee & \$\Boxed{\sigma}\$ Certificate of Status | \$78.75 Filing Fee & Certified Copy | \$87.50 Filing Fee, Certificate of Status & Certified Copy |



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

December 21, 2000

DIANE YOUNGBLOOD 24 RATCLIFF LANE HATTIESBURG, MS 39402

SUBJECT: FARRIS BROTHERS INC.

Ref. Number: W00000029868

We have received your document for FARRIS BROTHERS 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):

A brief description of the entity's nature of business must be included in the document.

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes; this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report/uniform business report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report/uniform business report and penalty fees is \$2300.00.

Enclosed please find a copy of section 607.1501, 617.1501, or 608.502, Florida Statutes, which lists those activities that do not constitute transacting business in this state. If after reviewing this section you determine erroneous information was inserted on the application, a notarized affidavit containing the following information must be submitted: 1.) a statement indicating erroneous information was listed on the application; and 2.) the correct date the corporation began transacting business in Florida prior to the year the application was submitted did not constitute transacting business pursuant to section 607.1501, 617.1501 or 608.502, Florida Statutes.

If you have any questions concerning the filing of your document, please call (850) 487-6097.

Michael Mays Document Specialist

Letter Number: 500A00064023

JANUARY 5, 2001

FLORIDA DEPT OF STATE DIV OF CORPORATIONS PO BOX 6327 TALLAHASSEE FL 32314

ATTENTION MICHAEL MAYS

DEAR MICHAEL:

PLEASE ACCEPT THIS LETTER AS CONFIRMATION THAT THE DATE FIRST TRANSACTED BUSINESS IS TO BE JANUARY 1, 2000. IF YOU HAVE ANY QUESTIONS PLĒASE DO NOT HESITATE TO CALL.

SINCERELY,

DIANE YOUNGBLOOD

CONTROLLER

SECRETY OF STAIL

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. Faccis Brothers Inc |
| (Name of corporation; must include the word "INCOPPORATED", "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 MS 3. 64-0344915 |
| (State or country under the law of which it is incorporated) (FEI number, if applicable) |
| 4. 1966 5. <u>Perpetual</u> |
| (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual") |
| 6. 1-1-98 |
| (Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) |
| 7. PO BOX 17587 |
| HATTIESDURG MS 39404 |
| (Current mailing address) |
| * Sale of sportine Goods |
| (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: Jim Canaday. SR |
| Office Address: RTZ BOX Z68-F |
| Freeport FL, Florida, 32439 |
| (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. |
| |
| A Comment of the comm |
| (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.

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable) A. DIRECTORS (Street address only - P.O. Box NOT acceptable) Chairman: Address: Vice Chairman: Address: Director: Address: __ Director: __ Address: B. OFFICERS (Street address only - P.O. Box NOT acceptable) Vice President: Address: Secretary: __ Address: _ Treasurer: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) (Typed or printed name and capacity of person signing application)

State of Mississippi

Secretary of State's Office Eric Clark

Secretary of State Jackson, Mississippi

CERTIFICATE OF EXISTENCE/AUTHORITY

I, ERIC CLARK, Secretary of State of the State of Mississippi, and as such, the legal custodian of the corporate records, required by the laws of Mississippi, to be filed in my office, do hereby certify:

That on March 30,1956 the state of Mississippi issued a Charter/Certificate of Authority to:

FARRIS BROTHERS, INC.

That the state of incorporation is MISSISSIPPI.

THAT THE PERIOD OF DURATION IS 99 YEARS.

That according to the records of this office, Articles of Dissolution or a Certificate of Withdrawal have not been filed.

That according to the records of this office, a current Annual Report has been delivered to the Office of the Secretary of State.

I further certify that all fees, taxes and penalties owed to this state, as reflected in the records of the Secretary of State, have been paid and that the corporation is in existence or has authority to transact business in Mississippi.

OFFICIAL STATE OF THE PARTY OF

Given under my hand and seal of office October 26,2000

ERIC CLARK, Secretary of State