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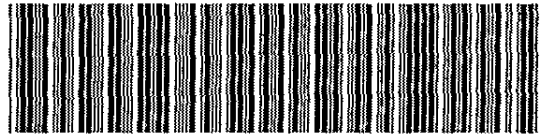
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Eagle Crest Enterprises Inc.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Marion Drinkut
(Name of Person)

Eagle Crest Enterprises, Inc
(Firm/Company)

3183 N.E. Appaloosa St
(Address)

Arcadia, FL 34266
(City/State and Zip code)

For further information concerning this matter, please call:

Marion Drinkut at (727) 393-0794
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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 \$87.50 Filing Fee, Certificate of Status & Certified Copy

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. Eagle Crest Enterprises, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

Eagle Crest Enterprises Farm
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Missouri 3. 41-1717180
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 1-1-92 5. ongoing
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 3183 N.E. Appalosa St, Arcadia, FL 34266
(Principal office address)

P.O. Box 3890 Seminole, FL 33775
(Current mailing address)

8. Agricultural - Farming
(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 NOT acceptable)

Name: Marion Drinkut

Office Address: 3183 NE. Appalosa St.
Arcadia, Florida 34266
(City) (Zip code)

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TALLAHASSEE FLORIDA

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.

Marion Drinkut
(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 business addresses of officers and/or directors:
Marion Drinkut P.O. Box 3890, Seminole, FL 33775
Paula Drinkut 1541 Brickell Ave #2106, Miami, FL 33129
Jean Drinkut 134 Gordon Dr, Seminole, FL 33772

A. DIRECTORS

Chairman: Marion Drinkut
Address: P.O. Box 3890
Seminole, FL 33775

Vice Chairman: _____
Address: _____

Director: Paula Drinkut
Address: 1541 Brickell Ave #2106
Miami, FL 33129-1224

Director: Jean Drinkut
Address: 134 Gordon Dr
Seminole, FL 33772

B. OFFICERS

President: Marion Drinkut
Address: P.O. Box 3890
Seminole, FL 33775

Vice President: _____
Address: _____

Secretary: Paula Drinkut
Address: 1541 Brickell Ave #2106, Miami, FL 33129

Treasurer: _____
Address: _____

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

13. Marion Drinkut
(Signature of Director or Officer listed in number 12 of the application)

14. Marion Drinkut, President
(Typed or printed name and capacity of person signing application)

STATE OF MISSOURI



Matt Blunt
Secretary of State


CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

I, MATT BLUNT, Secretary of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

EAGLE CREST ENTERPRISES, INC.
00360953

was created under the laws of this State on the 1st day of January, 1992, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I have set my hand and imprinted the GREAT SEAL of the State of Missouri, on this, the 27th day of July, 2004


Secretary of State



Certification Number: 6887889-1 Reference:
Verify this certificate online at <http://www.sos.mo.gov/businessentity/verification>