## E00000003255

| 660 Foot Tofferson                              |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|-------------------------------------------------|---------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 660 East Jefferson                              | · · · · · · · · · · · · · · · · · · · | DATE: <i>U_</i> /                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Tallahassee, FL 323                             | 301                                   | ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 850-222-1092                                    |                                       | 100003280291                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                                 |                                       | 10000328029106/07/0001088005                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| v                                               | Corporation(s) Name                   | *****70.00 *****70.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|                                                 |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                 |                                       | - S 型                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|                                                 |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                 |                                       | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                                                 |                                       | 2 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| las                                             | U.S. Inc.                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                 |                                       | 1. 09 NOT THE REAL PROPERTY OF |
| Profit                                          | ()Amendment                           | ()Merger                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| ()Nonprofit                                     | . ( )                                 | ( )Incigor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>⊠</b> Foreign                                | ()Dissolution                         | ()Mark                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| ()rrc                                           | ()Withdrawal                          | ( JANAGE ES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| )Limited Partnership                            | ()UBR                                 | ()Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| )Reinstatement                                  | ()Fititious Name                      | ()Ch. RA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| )UCC () 1 or () 3                               | (,                                    | , , , , , , , , , , , , , , , , , , , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| ***Special Instructions**                       |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                 |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| ( )Certified Copy )arts/ameds/mergers ( ) Other | ()Photocopies                         | ()cus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|                                                 |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| XXX)Walk in                                     | (XXX)Pick-up                          | ()Will Wait                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|                                                 | Please 1                              | Return Filed Stamped                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|                                                 | Copies 1                              | ro:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|                                                 | Carol                                 | Clark See & 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|                                                 |                                       | Thank You!                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|                                                 | Mix 11                                | 789 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|                                                 | ・ルトリカ                                 | FESS T M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

|                                         | BUSINESS IN                                                                                                                                                                                                                  | FLORIDA                                                                                                                    | <b>2</b>                     |
|-----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|------------------------------|
| IN COMPLIANC<br>REGISTER A FO           | E WITH SECTION 607.1503, FLORIDA STA<br>PREIGN CORPORATION TO TRANSACT BU                                                                                                                                                    | TUTES, THE FOLLOWING IS SUBMITTEE<br>SINESS IN THE STATE OF FLORIDA.                                                       |                              |
| words or abbrey                         | .S., Tnc. ration; must include the word "INCORPORATED riations of like import in language as will clearly in or partnership if not so contained in the name at pro-                                                          | adicate that it is a corporation instead of a                                                                              | 7 PA H: 09                   |
| 2. <u>Delaware</u><br>(State or country | y under the law of which it is incorporated)                                                                                                                                                                                 | FEI number, if applicable)                                                                                                 |                              |
| 4. <u>March 3.</u><br>(Dat              | 2000 5. Duration (Duration)                                                                                                                                                                                                  | perpetual ion: Year corp. will cease to exist or "perpetual"                                                               | )                            |
| 6. Will be (Date first                  | gin transacting business aft<br>t transacted business in Florida.) (SEE SECTIONS                                                                                                                                             | er filing of this applicati<br>8 607.1501,607.1502 and 817.155, F.S.)                                                      | on.                          |
| 7. <u>4101 N.</u>                       | W. 29th Street                                                                                                                                                                                                               |                                                                                                                            |                              |
| To enga<br>8. <u>may be</u><br>(Purpose | Florida 33142  (Current mailing address)  age in any lawful act or action or action or action or action of corporation authorized in home state or countreet address of Florida registered agent: (Florida registered agent) | vity for which corporations<br>Corporation Law of the State<br>arry to be carried out in state of Florida)                 | <del>.e_of_</del> Delaware   |
| Name:                                   | C T Corporation System                                                                                                                                                                                                       | <del>_</del>                                                                                                               | ·                            |
| Office Address:                         | 1200 South Pine Island Road                                                                                                                                                                                                  |                                                                                                                            | <del>-</del> .               |
|                                         | Plantation                                                                                                                                                                                                                   | , Florida, _33324<br>(Zip code)                                                                                            | Market 1                     |
| 10. Registered                          | agent's acceptance:                                                                                                                                                                                                          |                                                                                                                            |                              |
| this application, I with the provision  | ed as registered agent and to accept service of pro-<br>hereby accept the appointment as registered agents of all statutes relative to the proper and comple<br>my position as registered agent.  C T Corporation System     | nt and agree to act in this capacity. I further ag                                                                         | gree to comply               |
|                                         | (Repanders                                                                                                                                                                                                                   |                                                                                                                            |                              |
| 11. Attached is a Department of Sta     | ASSISTANT VICE is certificate of existence duly authenticated, not more te, by the Secretary of State or other official havin                                                                                                | <b>PRESIDENT</b> The than 90 days prior to delivery of this application g custody of corporate records in the jurisdiction | n to the<br>under the law of |

Please see attached certificate.

which it is incorporated.

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable) #LIII9-9/299 CT System Unline

| : '/           |                                                                                                        |               |
|----------------|--------------------------------------------------------------------------------------------------------|---------------|
| A. ĎIRE        | CTORS (Street address only - P.O. Box NOT acceptable)                                                  |               |
| Chairman       | : Mr. Christian Maennel                                                                                | <u> </u>      |
|                | 4101 N.W. 29th Street                                                                                  |               |
|                | Miami, Florida 33142                                                                                   | 8             |
| <u>Piregi</u>  | or: Mr. Gerard Chauvallon                                                                              | The Color     |
|                | Suite 800, 1101 Fifteenth Street, N.W.                                                                 | 3 Q.G.        |
| _              | Washington, D.C. 20005                                                                                 | وسرا وي الموا |
| Director:      | Mr. P. Clerc Renaud                                                                                    |               |
|                | Suite 800, 1101 Fifteenth Street, N.W.                                                                 |               |
| -              | Washington, D.C. 20005                                                                                 |               |
| Director:      | Mr. Raymond H. Mathisen                                                                                |               |
|                | 737 Pinehurst Way                                                                                      |               |
|                | Palm Beach Gardens, Florida 33418 CERS (Street address only - P.O. Box NOT acceptable)                 |               |
| President:     | Mr. Larry Unger                                                                                        | ·             |
|                | 4101 N.W. 29th Street                                                                                  |               |
|                | Miami, Florida 33142                                                                                   |               |
|                | ent:                                                                                                   |               |
| Address: _     |                                                                                                        | · 14 =        |
| _              |                                                                                                        |               |
| Secretary:     | Mr. Raymond H. Mathisen                                                                                |               |
|                | 737 Pinehurst Way                                                                                      |               |
|                | Palm Beach Gardens, Florida 33418                                                                      |               |
| Treasurer:     | Mr. Raymond H. Mathisen                                                                                |               |
|                | 737 Pinehurst Way                                                                                      |               |
|                | Palm Beach Gardens, Florida 33418                                                                      |               |
| 1/             | 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)          |               |
| 14. <u>Mr.</u> | Raymond H. Mathisen, Secretary  (Typed or printed name and capacity of person signing application)     |               |

₹.

## State of Delaware

## PAGE 1

## Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "CILAS U.S., INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN

GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE

RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTH DAY OF JUNE, A.D.

2000.

AND\_ I\_DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

Edward J. Freel, Secretary of State

AUTHENTICATION:

0480676

DATE:

06-06-00

3171552 8300

001286846