

Document Number Only

CT Corporation System
660 East Jefferson Street
Tallahassee, FL 32301
Tel 850 222 1092
Fax 850 222 7615
Attn: Jeff Netherton

CORPORATION(S) NAME

S M G Development Corporation

<input checked="" type="checkbox"/> Profit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input type="checkbox"/> Nonprofit		
<input checked="" type="checkbox"/> Foreign	<input type="checkbox"/> Dissolution/Withdrawal	<input type="checkbox"/> Mark
	<input type="checkbox"/> Reinstatement	
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Other
<input type="checkbox"/> LLC	<input type="checkbox"/> Name Registration	<input type="checkbox"/> Change of RA
	<input type="checkbox"/> Fictitious Name	<input type="checkbox"/> UCC
<input type="checkbox"/> Certified Copy	<input type="checkbox"/> Photocopies	<input type="checkbox"/> CUS
<input type="checkbox"/> Call When Ready	<input type="checkbox"/> Call If Problem	<input type="checkbox"/> After 4:30
<input checked="" type="checkbox"/> Walk In	<input type="checkbox"/> Will Wait	<input checked="" type="checkbox"/> Pick Up
<input type="checkbox"/> Mail Out		

Name _____
Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
Acknowledgement _____
W.P. Verifier _____

09/18/00

Order#:

Ref#:

Amount:\$

400003395854--3
-09/18/00--01063--010
*****70.00 *****70.00

FILED
00 SEP 18 PM 2:10
RECEIVED
00 SEP 18 AM 11:29
TALLAHASSEE, FL 32301
SECRETARY OF STATE

Handwritten signature

**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*

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. **S M G DEVELOPMENT CORPORATION**

(Name of corporation; must include the word "INCORPORATED", "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. **NEW YORK**

(State or country under the law of which it is incorporated)

3. **13-3085320**

(FEI number, if applicable)

4. **JUNE 26, 1981**

(Date of incorporation)

5. **PERPETUAL**

(Duration: Year corp. will cease to exist or "perpetual")

6. **UPON FILING OF THE APPLICATION**

(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. **245 SAW MILL RIVER ROAD, HAWTHORNE, NEW YORK 10532**

(Principal office address)

245 SAW MILL RIVER ROAD, HAWTHORNE, NEW YORK 10532

(Current mailing address)

8. **REAL ESTATE DEVELOPMENT**

(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: **JAMES BALLETTA**

Office Address: **215 NORTH EOLA DRIVE**

ORLANDO

(City)

, Florida 32801

(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.


(Registered agent's signature)

James Balletta

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:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Samuel Ginsburg

Address: 245 Saw Mill River Road

Hawthorne, New York 10532

Director: Samuel Ginsburg

Address: 245 Saw Mill River Road

Hawthorne, New York 10532

B. OFFICERS

President: Samuel Ginsburg

Address: 245 Saw Mill River Road

Hawthorne, New York 10532

Vice President: Martin Ginsburg

Address: 245 Saw Mill River Road

Hawthorne, New York 10532

Secretary: Martin Ginsburg

Address: 245 Saw Mill River Road, Hawthorne New York 10532

Treasurer: Martin Ginsburg

Address: 245 Saw Mill River Road, Hawthorne, New York 10532

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

13. _____

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Samuel Ginsburg, President

(Typed or printed name and capacity of person signing application)

00 SEP 18 PM 2:10
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**State of New York } ss:
Department of State**

I hereby certify, that the Certificate of Incorporation of S M G DEVELOPMENT CORPORATION was filed on 06/26/1981, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation.



*Witness my hand and the official seal
of the Department of State at the City
of Albany, this 08th day of September
two thousand.*

Special Deputy Secretary of State

00 SEP 18 PM 2:10
FILED
SECRETARY OF STATE
TALLAMOUNTAIN