

ACCOUNT NO.

072100000032

REFERENCE

905174

7231579

AUTHORIZATION

COST LIMIT

\$ PPD

November 20, 2000 ORDER DATE :

ORDER TIME :

9:26 AM

ORDER NO. :

905174-005

CUSTOMER NO:

7231579

CUSTOMER: Mr. Jeff .. Fishman

Kip And Tiff Corp.

32 East 39th Street

New York, NY 10016

## FOREIGN FILINGS

200003482302--9 -12/01/00--01003--010 \*\*\*\*\*78.75 \*\*\*\*\*78.75

NAME:

KIP & TIFF CORP.

200003482302--9 -12/01/00--01003--011 \*\*\*4815.00 \*\*\*4615.00

XXXX QUALIFICATION

(TYPE: <u>CO</u>)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Norma Hull -- EXT# 1115

EXAMINER:

## TRANSMITTAL LETTER

To: Qualification/Tax Lien Section Division of Corporations	SERVE THE CO	
SUBJECT: <u>LIP + TIFF</u> (ORP		
(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:		
(Name of Person)		
(Name of Person)		
KIP + TIFF (OLP		
(Firm/Company) $\pm 2$		
32 675† 397 5†  (Address)  New York M 10016  (City/State/Zip)  (City/State/Zip)		
(Address)		
New York M 10016		
(City/State/Zip)		
RD STEE		
Should you need to call someone concerning this matter, please call:		
(Name of Person) at (212) 883-8300 (Area Code & Daytime Telephone Number)		
(Name of Person) (Area Code & Daytime Telephone Number)		
	<b>~</b>	
STREET ADDRESS:	MAILING ADDRESS:	
Qualification/Tax Lien Section	Qualification/Tax Lien Section	
Division of Corporations 409 E. Gaines St.	Division of Corporations P.O. Box 6327	
Tallahassee, FL 32399	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 & S87.50 Filing Fee, Certified Copy 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. KIP + TIFF CORP

(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION", "CORP 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. De qu'are

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

4. Date of incorporation)

(Date of incorporation)

(Duration: Year corp. will cease to exist or "perpetual") 3/96
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) 397HST New York NY 10016 (Current mailing address) Yach the Charter

(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: Cosposation Services Company

Office Address: 1201 Hays Street

Tyllohassee , Florida, 32301
(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)

Carol K Dolor, Authorized Representative
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)	<b>.</b> ♥
Chairman:	
Address:	9 20 20 20 20 20 20 20 20 20 20 20 20 20
Vice Chairman:	55 5 M
Address:	
Director:	
Address:	-,
Director:	
Address:	
D OFFICERS (Co., a., J.L., a., L., D.O. D., NOT., a., a., b.)	
B. OFFICERS (Street address only - P.O. Box NOT acceptable)  President: JMES (OVULBAN)	
Vice President: TIFFAMY HENDRY	
Address: 159 WARPH ASSUC PT, Road	
stonington cT 06378	
Secretary: JOMES COULTAN  Address: 159 WAMPHASSUL Pt. Road	
Address: 15 T WITHPHADSUC FT. 16-63  Stanington, CT 06378	
Treasurer: TIFFANY ITENDRY	
Address: 159 wAM PHASSUL PT. Road Stoning fon, CT 06378	
/	
NOTE: If necessary, you may attach an addendum to the application listing additional of	fficers and/or directors.
13. (Signature of Chairman, Vice Chairman, or any officer listed in number	12 of the application)
14. Tittany itendry - VP- Wessures (Typed or printed name and capacity of person signing	** *
(Typed or printed name and capacity of person signing	application)

## State of Delaware Office of the Secretary of State

PAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "KIP & TIFF CORP." 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 TWENTY-NINTH DAY OF NOVEMBER, A.D. 2000.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "KIP & TIFF CORP." WAS INCORPORATED ON THE FIFTH DAY OF FEBRUARY, A.D. 1980.

Edward J. Freel, Secretary of State

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001597042

AUTHENTICATION: 0820956

DATE: 11-29-00