

ACCOUNT NO. :

072100000032

REFERENCE :

977030

4307494

AUTHORIZATION

\$ 70.00 COST LIMIT

ORDER DATE: January 24, 2001

ORDER TIME : 10:15 AM

ORDER NO. : 977030-005

CUSTOMER NO: 4307494

CUSTOMER: Mr. Steven P. Rapoport

Kay Collyer & Boose

One Dag Hammarskjold Plaza

31st Floor

New York, NY 10017

## FOREIGN FILINGS

NAME:

CMS OPERATIONS NEW JERSEY.

INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sandra Mathis -- EXT# 1165

**EXAMINER:** 

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

		ASE	and the				
IN COMPLIANC	CE WITH SECTION 607.1503, FLORIDA STAT	TUTES, THE FOLLOWING IS SUBMITTED TO	411				
REGISTER A FC	OREIGN CORPORATION TO TRANSACT BUS	INESS IN THE STATE OF FLORIDA.	, <sup>1</sup> ~				
CMS Ope	rations New Jersey, Inc.		, `C	<b>う</b>			
(Name of corpo	oration; must include the word "INCORPORATED"	, "COMPANY", "CORPORATION" or	1/2				
words or abbre	viations of like import in language as will clearly ind or partnership if not so contained in the name at pres	dicate that it is a corporation instead of a					
natural person (	or partitership it not so committed in the name at pro-		=				
2. <u>Delawar</u>		22-3726232	-				
(State or count	try under the law of which it is incorporated)	(FEI number, if applicable)					
4. May 2,	2000 5	Perpetual	•	. Te .			
	te of incorporation) (I	Duration: Year corp. will cease to exist or "perpetual")					
6. Upon qu	alification						
(Date first trans	(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")						
c/o Car	(SEE SECTIONS 607.1501, 60 lisle Management Services, Inc.	7.1502 and 817.155, F.S.)					
	Federal Hwy., Suite 200B, Boca F	Raton, FL 33431					
- / - 777 -	(Principal office address	)					
C/O EII	D. Schoenfield, Esq., Kay Collye Hammarskjold Plaza, New York, NY	r 10017					
	(Current mailing address			•			
8. Any law	ful act or activity						
(Purpose	e(s) of corporation authorized in home state or country	ry to be carried out in state of Florida)	1, 4	* : .:			
Q Name and st	reet address of Florida registered agent: (P.	O Box or Mail Drop Box NOT acceptable)					
)a <u>se</u>							
Name:	Corporation Service Company	<del>_</del>					
Office Address:	1201 Hays Street						
Office Address.				•			
	Tallahassee	, Florida <u>32301</u>	. 4				
	(City)	(Zip code)					
10 Registered	agent's acceptance:						
Having been na	med as registered agent and to accept service	of process for the above stated corporation at the	place				
designated in th	is application, I hereby accept the appointmen	nt as registered agent and agree to act in this cap	acity. I				
further agree to	comply with the provisions of all statutes rela familiar with and accept the obligations of m	tive to the proper and complete performance of n	ny				
uuttes, ana 1 am	i jumitiur with and accept the obugations of m	y position as registerea agent.					

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.

(Registered agent's signature)

12. Names and business addresses of officers and/or directors:	15. 9
A. DIRECTORS	
Chairman: See attached officers/directors rider	1 8 m
Address:	完全 星
Vice Chairman:	Dr. +
Address:	
Director:	· · ·
Address:	
Director:	
Address:	
B. OFFICERS	
President: See attached officers/directors rider	*.*
Address:	•
7.441000	
Vice Precidents	
Vice President:	
Address:	
Secretary:	
	_
Address:	· · · · · · · · · · · · · · · · · · ·
Treasurer:	- · <u></u>
Address:	
NOTE: If necessary, you may attach an addendum to the application listing additional of	officers and/or directors.
13. All NOWOUNE LY	
(Signature of Chairman, Vice Chairman, or any officer listed in number	12 of the application)
14. Eli D. Schoenfield, Assistant Secretary	
(Typed or printed name and capacity of person signing applicati	on)

## CMS Operations New Jersey, Inc. Officers & Directors

Name	<u>Title</u>	Business Address				
Officers:						
Peter M.R. Gaze	President	4800 N. Federal Hwy., Suite 200B Boca Raton, FL 33431				
Steven J. Levine	Vice President & Secretary	4800 N. Federal Hwy., Suite 200B Boca Raton, FL 33431				
Ann M. Olbert	Treasurer	4800 N. Federal Hwy., Suite 200B Boca Raton, FL 33431				
Eli D. Schoenfield	Asst. Secretary	Kay Collyer & Boose LLP One Dag Hammarskjold Plaza New York, NY 10017				
Roger Gebhard	Asst. Secretary	4800 N. Federal Hwy., Suite 200B Boca Raton, FL 33431				
Directors:						
Peter M.R. Gaze		4800 N. Federal Hwy., Suite 200B Boca Raton, FL 33431				
Steven J. Levine		4800 N. Federal Hwy., Suite 200B Boca Raton, FL 33431				

## State of Delaware Office of the Secretary of State

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I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CMS OPERATIONS NEW JERSEY, 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 TWENTY-FIFTH DAY OF JANUARY, A.D. 2001.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHESE TA HAVE NOT BEEN ASSESSED TO DATE.



Warriet Smith Windson, Secretary of State

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AUTHENTICATION: 0934132

DATE: 01-25-01