

CCRS  
103 N. MERIDIAN STREET, LOWER FLOOR  
TALLAHASSEE, FL 32301  
222-1173

**F01000003350**

FILING COVER SHEET  
ACCT. #FCA-14

CONTACT: CINDY HICKS

DATE: 6-22-01

REF. #: 0409.16999

CORP. NAME: Fanizzi Associates, Inc

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION        | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT                    | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME         |
| <input checked="" type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input type="checkbox"/> LIMITED LIABILITY       |
| <input type="checkbox"/> REINSTATEMENT                    | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL              |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION      | <input type="checkbox"/> UCC-1                  | <input type="checkbox"/> UCC-3                   |
| <input type="checkbox"/> OTHER:                           |   |  |

9

200004436862--7  
-06/22/01--01027--017  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

STATE FEES PREPAID WITH CHECK# 15588 FOR \$ 78.75

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2001 JUN 22 AM 10:01  
NOT RETURNED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

COST LIMIT: \$

- PLEASE RETURN:
- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS     |   |   |

BK

Examiner's Initials

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. FANIZZI ASSOCIATES, INC.

(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 JERSEY

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

3. 22-3309249

(FEI number, if applicable)

4. JUNE 27, 1994

(Date of incorporation)

5. PERPETUAL

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

6. UPON QUALIFICATION

(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. 2455 E. SUNRISE BLVD, #900, FORT LAUDERDALE, FLORIDA 33304

(Principal office address)

2455 E. SUNRISE BLVD, #900, FORT LAUDERDALE, FLORIDA 33304

(Current mailing address)

8. ANY LAWFUL BUSINESS

(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: CHRISTINE FANIZZI

Office Address: 2455 E. SUNRISE BLVD, #900

FORT LAUDERDALE

(City)

, Florida 33304

(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.

CHRISTINE FANIZZI

*Christine Fanizzi*

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: CHRISTINE FANIZZI

Address: 2455 E. SUNRISE BLVD, #900

FORT LAUDERDALE, FLORIDA 33304

Director: \_\_\_\_\_

Address: \_\_\_\_\_

B. OFFICERS

President: CHRISTINE FANIZZI

Address: 2455 E. SUNRISE BLVD., #900

FORT LAUDERDALE, FLORIDA 33304

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: CHRISTINE FANIZZI

Address: 2455 E. SUNRISE BLVD., #900, FORT LAUDERDALE, FLORIDA 33304

Treasurer: CHRISTINE FANIZZI

Address: 2455 E. SUNRISE BLVD., #900, FORT LAUDERDALE, FLORIDA 33304

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

13. Christine Fanizzi

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

14. CHRISTINE FANIZZI, PRESIDENT

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

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TALLAHASSEE FLORIDA

STATE OF NEW JERSEY  
DEPARTMENT OF TREASURY  
SHORT FORM STANDING

FANIZZI ASSOCIATES, INC.

I, the Treasurer of the State of New Jersey,  
do hereby certify that the above-named  
New Jersey Domestic Profit Corporation was  
registered by this office on June 27, 1994.

As of the date of this certificate, said business  
continues as an active business in the State of New  
Jersey. Annual Reports are outstanding for the  
following year(s):  
1999

I further certify that the registered agent and  
registered office are:

Christine Fanizzi  
674 Route 202/206 N  
Bldg 4  
Bridgewater, NJ 08807

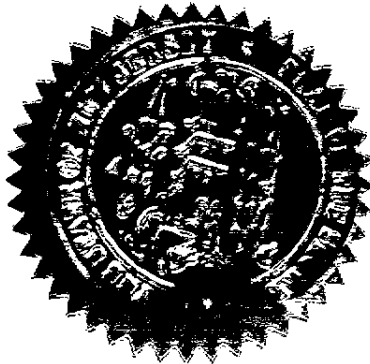
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DEPARTMENT OF TREASURY  
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FANIZZI ASSOCIATES, INC.

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IN TESTIMONY WHEREOF, I have  
hereunto set my hand and  
affixed my Official Seal  
at Trenton, this  
20th day of June, 2001

Peter R Lawrance  
Acting State Treasurer