F6200000944

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	-						
SUBJECT: Arcese, First + Associates TNC (Name of corporation - must include suffix)							
(Name of corpo	oration - must include suffix)						
Dear Sir or Madam:	·						
"Certificate of Existence", and check are submitted to transact business in Florida. Please return all correspondence concerning this reference.	_)16 58012 *****70.00					
JEFFREY	FURST WOZ-	4510					
(Nat	me of Person)						
AFAINC							
(Fire	m/Company)						
210 SUM	41TAVE. BIOGA (Address) , NJ 07645						
((Address)	<u> </u>					
MONTVall	NJ 07645						
(City/S	State and Zip code)						
For further information concerning this matter, ple	lease call:						
JEFFREY FURST at (Z (Name of Person) (A	P501-508 (10						
(Name of Person) (Area Code & Daytime Telephone Number)							
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 Enclosed is a check for the following amount: \$\square\$\$ \$70.00 \text{ Filing Fee & Certificate of Status}\$	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 \$78.75 Filing Fee & \$87.50 Filing Fee,9 Certified Copy Certificate of Status Certified Copy	FLED with 2/22					
	Contained Copy	2/22					



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

February 15, 2002

JEFFREY FURST 210 SUMMIT AVE BLDG A MONTVALE, NJ 07645

SUBJECT: ARCESE FURST & ASSOCIATES, INC.

Ref. Number: W02000004510

We have received your document for ARCESE FURST & ASSOCIATES, INC. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Michael Mays Document Specialist

Letter Number: 302A00009495

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.

(Name of corpo	e, fuvst ? A	ord "INCORPORA"	TED", "COMPANY	Y", "CORPORATION"	or or	
words or abbre natural person o	viations of like import in le or partnership if not so cor	anguage as will clear stained in the name a	ly indicate that it is t present.)	a corporation instead of	of a	
2. <u>Del</u>	awarthe law of which it	3	. 22-	357274	1	
4	2/27/98 te of incorporation)	5	2	002		
602	15 DZ WILL acted business in Florida.	LOPEN			1.5	
(Date first trans	acted business in Florida. (SEE	If corporation has no SECTIONS 607.150	ot transacted busine 01, 607.1502 and 83	ess in Florida, insert "up 17.155, F.S.)	on qualification.")	
7. 210	SUMMIT AV	e BIDGA	MONTVal	le NJ 076.	45	
ν.	•	(Principal office ac	dress)	11		
		(Current mailing ac	dress)			
8. Retail	(s) of corporation authoriz	othing a	dappa	icl		
(Purpose	(s) of corporation authoriz	ed in home state or	country to be carrie	ad out in state of Florida	P E E C C C C C C C C C C C C C C C C C	
9. Name and <u>st</u>	<u>reet address</u> of Florida	ı registered agent	: (P.O. Box or M	Iail Drop Box <u>NOT</u> a	acceptable)	
Name:	Jeffrey, Fu	vs7	./		B 22	=
Office Address:	Jeffrey. Fu 1401 NW 1 MIAMI (City)	z ^{±b} steec	f Se320	5	FOR R	
IPHIN MALL	- 1.in			22177		
	M (UM)	· · · · · · · · · · · · · · · · · · ·	, Florida _	(Zin code)		
	(City)			(Exp code)	₩. G	
	agent's acceptance: med as registered agen	t and to account car	mina of propage fo	or the above stated a	ornoration at the	nlaca
	meu us registereu ugen is application, I hereby					
	comply with the provis familiar with and acce				erformance of m	y
	^		2 21			
		g -				
,	()	(Registered agent's	signature)			
	V					

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:	The state of the s				
Address:					
Vice Chairman:					
Address:					
Director:					
Address:					
Director:					
Address:					
B. OFFICERS	02 17				
President: Louis Arcese					
	525 N T				
Address: 210 SUMMIT AVENUE BIOGA	7 No. 10				
CFO MONTVALE NJ 07645 Vice President: JEFFRLY FURST					
Vice President: UCFFRLY FURST	08 8 08 19				
Address: 210 SUMMIT AVE BICGA	•				
Montrale NJ 07695					
Secretary:					
Address:					
Treasurer:					
Address:					
Address.	300				
NOTE: If necessary, you may attach an addendum to the application listing additional additional actions and additional actions and additional actions are also actions and additional actions are also actions and additional actions are also actions and actions are also actions are also actions and actions are also actions are also actions and actions are also actions and actions are also actions are also actions and actions are also actions are also actions and actions are also actions and actions are also actions and actions are also actions actions are also actions actions are also actions and actions are also actions actions actions are also actions actions are also actions actions actions are also actions actions actions actions actions are also actions actions actions actions actions are also actions action	itional officers and/or directors.				
13					
(Signature of Chairman, Vice Chairman, or any officer listed in a	number 12 of the application)				
14. JEFFREY FURST - CFO					
(Typed or printed name and capacity of person signing a	pplication)				



The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ARCESE, FURST & ASSOCIATES 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 FOURTEENTH DAY OF FEBRUARY, A.D. 2002.



Darriet Smith Windson

2865522 8300

020085677

AUTHENTICATION: 1614263

DATE: 02-14-02