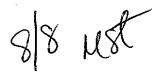
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Updater				
Verifier				
W.P. Verifier		Amount: \$		

660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615 100006976551--8 -08/08/02--01049--012 *****70.00 ******70.00



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. OMEGA III C.G. 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.) (State or country under the law of which it is incorporated) (Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) 9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable C T Corporation System Office Address: 1200 South Pine Island Road Plantation 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. CONNIE BRYAN C T Corporation System SPECIAL ASSISTANT SECRETARY (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.

^{12.} Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable) FL019 - 9/Z/99 CT System Online

A. DIRECT	ORS (Street address only - P.O. Box NOT acceptable)						
Chairman: _	FRANK TI GANGI					· 	
Address:	10 MERRYMOUNT RO,	<u> </u>	····				
	QUINCY, MA 02169						÷
Vice Chairma	an: RICHARD GANGI	·				 -	
	10 MERRYMOUNT RD,	-			-		
-	QUINCY, MA 02169						
Director:	WILLIAM J. ROONEY, JR.		-				-
	10 MERRYMOUNT RO.		-				
	QUINCY, MA 02169			-			
	MICHAEL COUTURE						 :
	LOMORRYMOUNT RO;						
	QUINCY, MA 02169		-				
B. OFFICI	ERS (Street address only - P.O. Box NOT acceptable)		<u> </u>				••
President:	FRANK T. GANGI		·- =				
Address:	10 MERRYMOUNT RD.	: .	7	30			
	QUINCY, MA 02/69			AU&	900		
Vice Presider	nt:		<u> </u>	<u> </u>		<u> </u>	,.
Address:				2	a h		-
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Secretary:	WILLIAM J ROONEY, JR.		There .	C)		· · · · · · · · · · · · · · · · · · ·	
	10 MERRYMOUNT RD,				- 		
	QUINCY MA 02169						
Treasurer: _	RICHARD GANGI						i. 4
Address:	10 MERRYMOUNT RD,					. .	
	QUINCY, MA 02/69			·	*****		
NOTE: If r	necessary, you may attach an addendum to the application listing additional office	rs and/or d	irectors.		•	•	
13	MIM			-	*:	engre =	
<u></u>	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 o	of the applic	cation)			- .	
14	(Typed or printed name and capacity of person signing app	PET.	ARY				

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "OMEGA III C.G., 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 SEVENTH DAY OF AUGUST, A.D. 2002.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.



AUTHENTICATION: 1925756

DATE: 08-07-02

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