

F02000005000

CT CORPORATION SYSTEM

CORPORATION (S) NAME

NFB Maritime, Inc.

600008153696--7

-10/02/02--01016--023

\*\*\*\*\*70.00 \*\*\*\*\*70.00

600008153696--7

-10/02/02--01016--024

\*\*\*\*\*8.75 \*\*\*\*\*8.75

<input checked="" type="checkbox"/> Profit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input type="checkbox"/> Nonprofit		
<input checked="" type="checkbox"/> Foreign	<input type="checkbox"/> Dissolution/Withdrawal	<input type="checkbox"/> Mark
	<input type="checkbox"/> Reinstatement	
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Other
<input type="checkbox"/> LLC	<input type="checkbox"/> Name Registration	<input type="checkbox"/> Change of RA
	<input type="checkbox"/> Fictitious Name	<input type="checkbox"/> UCC
<input type="checkbox"/> Certified Copy	<input type="checkbox"/> Photocopies	<input checked="" type="checkbox"/> CUS
<input type="checkbox"/> Call When Ready	<input type="checkbox"/> Call If Problem	<input type="checkbox"/> After 4:30
<input checked="" type="checkbox"/> Walk In	<input type="checkbox"/> Will Wait	<input checked="" type="checkbox"/> Pick Up
<input type="checkbox"/> Mail Out		

Name \_\_\_\_\_  
Availability \_\_\_\_\_  
Document \_\_\_\_\_  
Examiner \_\_\_\_\_  
Updater \_\_\_\_\_  
Verifier \_\_\_\_\_  
W.P. Verifier \_\_\_\_\_

10/2/02

Order#: 5613017

Ref#: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

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*[Signature]*

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660 East Jefferson Street  
Tallahassee, FL 32301  
Tel. 850 222 1092  
Fax 850 222 7615

**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. NFB Maritime, 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 York 3. Applied For  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 09/26/2002 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. Upon Qual  
(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. 275 Broadhollow Road, Melville, NY 11747  
(Principal office address)
- same  
(Current mailing address)
8. The purpose for which the Corporation is formed is to engage in any lawful business for which corporations may be organized under the Florida Business Corporation Act.  
(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: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324  
(City) (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.*

CT Corporation System  
By: [Signature]  
(Registered agent's signature)  
J. L. Miles-Asst. Secy.

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

SEE ATTACHMENT

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

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

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

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

Director: John Bohlsen

Address: 275 Broadhollow Road

Melville, NY 11747

Director: John Adam Kanas

Address: 275 Broadhollow Road

Melville, NY 11747

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B. OFFICERS

SEE ATTACHMENT

President: John Adam Kanas

Address: 275 Broadhollow Road

Melville, NY 11747

Vice President: John N. DiGiacomo

Address: 275 Broadhollow Road

Melville, NY 11747

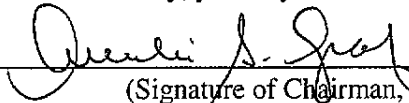
Secretary: Aurelie S. Graf

Address: 275 Broadhollow Road Melville, NY 11747

Treasurer: John N. DiGiacomo

Address: 275 Broadhollow Road Melville, NY 11747

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

13.   
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Aurelie S. Graf, Secretary  
(Typed or printed name and capacity of person signing application)

**ATTACHMENT TO  
NFB MARITIME, INC.  
APPLICATION BY FOREIGN CORPORATION  
FOR  
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

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**12. NAMES AND BUSINESS ADDRESSES OF OFFICERS AND/OR DIRECTORS  
(continued)**

**A. DIRECTORS**

**Daniel M. Healy**  
**Director**  
275 Broadhollow Road  
Melville, NY 11747

**B. OFFICERS**

**Aurelie S. Graf**  
**Vice President**  
275 Broadhollow Road  
Melville, NY 11747

**Daniel M. Healy**  
**Vice President**  
275 Broadhollow Road  
Melville, NY 11747

**Carmen Mastroianni**  
**Vice President**  
275 Broadhollow Road  
Melville, NY 11747

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**State of New York } ss:  
Department of State**

I hereby certify, that the Certificate of Incorporation of NFB MARITIME, INC. was filed on 09/26/2002, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation.



\*\*\*

*Witness my hand and the official seal  
of the Department of State at the City  
of Albany, this 26th day of September  
two thousand and two.*

*Secretary of State*

200209270114 \* 07

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