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| Special instructions to Filing Officer: | | | | | | | |
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ACCOUNT NO. : 072100000032

REFERENCE: 775223 4726808

AUTHORIZATION :

COST LIMIT

ORDER DATE: October 8, 2002

ORDER TIME: 11:34 AM

ORDER NO. : 775223-005

CUSTOMER NO: 4726808

CUSTOMER: Ms. Sarah Elghannani

Motola Klar Dinowitz &

185 Madison Avenue

12th Floor

New York, NY 10016

FOREIGN FILINGS

NAME: INTEGRATED REALTY INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY

_ _ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight -- EXT# 1156

EXAMINER:

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. Integrated Realty 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 (State or country under the law of which it is incorporated) (FEI number, if applicable) | | | | | | | | | |
|--|---|------------|--|---------|--|--|--|--|--|
| 2. | New York | 3. | 113656157 | 2 1/2 S | | | | | |
| | (State or country under the law of which it is incorporated) | _ | (FEI number, if applicable) | | | | | | |
| 4. | May 14, 2002 | 5. | Perpetual | 90/01. | | | | | |
| | (Date of incorporation) | | (Duration: Year corp. will cease to exist or "perpetual") | 048 | | | | | |
| 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. | 1000 North Ashley Drive, Tampa, Florida | <u>3</u> 3 | 602 | | | | | | |
| | (Principal office | add | ress) | | | | | | |
| | same as above | | | | | | | | |
| (Current mailing address) | | | | | | | | | |
| | | | | | | | | | |
| 8. | to enter in leases, own or lease proper | tу | and business incidental thereto | | | | | | |
| | (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 age | nt: | (P.O. Box or Mail Drop Box NOT acceptable) | | | | | | |
| | <u> </u> | | • • • | | | | | | |
| | Name: <u>Corporation Service Company</u> | _ | | | | | | | |
| Ω | ffice Address: 1201 Hays Street | | | | | | | | |
| Ĭ | Title Harrison | | The second secon | | | | | | |
| | Tallahassee | | , Florida <u>32381</u> | | | | | | |
| | (City) | | (Zip code) | - | | | | | |
| H de | O. Registered agent's acceptance: I aving been named as registered agent and to accept sesignated in this application, I hereby accept the appoint the appoint the appoint the appoint the appoint the provisions of all statutes. | inti | ice of process for the above stated corporation at the p nent as registered agent and agree to act in this capac relative to the proper and complete performance of my | rity. I | | | | | |

duties, and I am familiar with and accept the obligations of my position as registered agent.

Brian Courtney

Asst. V. Pres.

(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 business addresses of officers and/or directors:

A. DIRECTORS

| Chairman: See attached officers/directors | rider | | <u>, - : - , - } </u> | | |
|--|-----------------------|---------------------------------------|---|-------------|---------------------------------------|
| Address: | <u></u> | | 7 | | , F |
| | _ | | <u>, , , , , , , , , , , , , , , , , , , </u> | | · |
| Vice Chairman: | | | | 2, | |
| Address: | | | Q) | 100 | , 4 |
| | | | ~ | 240 | \ |
| | | | | 30.00 | 2 3/2 |
| Director: | | | | · 1/2/2 | |
| Address: | | | | <u> </u> | 100 m |
| | | · · · · · · · · · · · · · · · · · · · | | | -9 |
| Director: | | <u> </u> | | <u>.</u> | · · · · · · · · · · · · · · · · · · · |
| Address: | | | sa es s | | |
| | | | \$ | <u> </u> | <u>. + 1</u> 5 |
| B. OFFICERS | | | | | <u>-</u> |
| | not drawn | | | | |
| President: See attached officers/directors | | | | | |
| Address: | | - 12 Kg | <u>; i</u> | | |
| | <u> </u> | · | | | |
| Vice President: | <u> </u> | les <u> </u> | | | |
| Address: | | | | <u>·</u> | E |
| | | <u>-</u> | · | A 95 | |
| Secretary: | | | | <u> </u> | v. F |
| Address: | | | , 8 | | |
| Treasurer: | | | | | |
| | | <u>-</u> | | | |
| Address: | · | | <u> </u> | <u> </u> | |
| NOTE: If necessary, you may attach an addendum t | o the application lis | ting additional of | ficers and/or dis | rectors. | |
| Adams Ilas | 1 | • | | | |
| (Signature of Chairman, Vice Chairman | nan, or any officer | isted in number 13 | 2 of the applica | tion) | <u>-</u> |
| 14. Adam Hock C | hairman | | | | |
| (Typed or printed name and | | signing application | 1) | | |

Director

Adam Hock C/o Integrated Strategies Inc. 350 Fifth Avenue Suite 5101 New York, New York 10118

Officer

Adam Hock C/o Integrated Strategies Inc. 350 Fifth Avenue New York, New York 10118



State of New York State State

I hereby certify, that the Certificate of Incorporation of INTEGRATED REALTY INC. was filed on 05/14/2002, 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.



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Witness my hand and the official seal of the Department of State at the City of Albany, this 07th day of October two thousand and two.

Secretary of State

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