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SECRETARY OF STATE
FALL ANASSEE, FLORID





## FLORIDA DEPARTMENT OF STATE Ken Detzner Secretary of State

January 15, 2003

KENNETH J. AYERS AYERS & ASSOC, PL 15 CANNON RD WILTON, CT 06847

SUBJECT: DOLPHIN ASSOCIATES, INC.

Ref. Number: W03000001240

We have received your document for DOLPHIN 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:

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the DOCUMENT SPECIALIST indicated.

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) 245-6025.

Trevor Brumbley Document Specialist

Letter Number: 903A00002024

#### TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: DOLOKIN A	ssociates, INC.	
	orporation - must include suffix)	
Dear Sir or Madam:	_	
	ation for Authorization to Transact Business in Florida", nitted to register the above referenced foreign corporation	
Please return all correspondence concerning th		
	Name of Person)	
Aners	Firm/Company)	
	Firm/Company)	
15 Lan	Firm/Company)  Very Kend  (Address)  LT 06847  ty/State and Zip code)	
	(Address)	
Wilter	LT 06847	
(Ci	ty/State and Zip code)	
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For further information concerning this matter	, please call:	
ž.		
(Name of Person) at (	203,762-1181	
(Name of Person)	(Area Code & Daytime Telephone Number)	
	(Area Code & Daytime Telephone Number) SECRETARY STATES	-m_
STREET ADDRESS:	-MAILING ADDRESS:	
Registration Section Division of Corporations	Registration Section Division of Corporations	ı
409 E. Gaines St.	P.O. Box 6327	<u>;</u>
Tallahassee, FL 32399	Tallahassee, FL 32314	,
Enclosed is a check for the following amount:	=	
\$70.00 Filing Fee S78.75 Filing Fee Certificate of Sta		

#### APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT **BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO

EGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.	
Dolphin 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.)	
New York 3. = 11-2977726	
(State or country under the law of which it is incorporated)  (FEI number, if applicable)  (Date of incorporation)  (Duration: Year corp. will cease to exist or "perpetual")	
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")	
(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.)	
245 Dolphin Drive Hanlet+ Neck, NY 1159	1
(Principal office address)  245 Dolphin Drive Hewlett Neck, NY 11598 (Current mailing address)	_
245 Solphin Drive Hewlett Neck, NY 11598	
(Current mailing address)	
Rest Estate Investment	
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)	
. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)	
Name: Augustus Antico	
Office Address: 3200 North Ocean DIVd. #1503	
Port Landerda le Florida 33308	
(City) (Zip code)	2
0. Registered agent's acceptance:  laving been named as registered agent and to accept service of process for the above stated corporation at the place estimated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I wither agree to comply with the provisions of all statutes relative to the proper and complete performance of my	AND
uties, and I am familiar with and accept the obligations of my position as registered agent.	

(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.

### RESOLUTION OF BOARD OF DIRECTORS

(Please print or type)

I, the undersigned Millow. B. Heid , do hereby certify
(Name)
that this Resolution of the Board of Directors of Delphin Association, Two.
(Corporate Name)
a corporation duly organized and existing under the laws of the State of NewYork.
was duly adopted on January 20, 2003.
Be it resolved, that Delphin Associates, Inc.
(Corporate Name)
organized and existing in the State of New York, hereby adopts the name
BOULEVARD ISLAND ASSOCIATES INC. for use in Florida.
Dated: January 20, 2003 -
Signature of either Chairman, Vice Chairman or any officer
Milton B. Heid, President
Type or print name

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

## 12. Names and business addresses of officers and/or directors: A. DIRECTORS A. DIRECTORS Chairman: M. I fon I for d Address: 245 Solphon Drive Ifen 1eff Neek, NY 11598 Vice Chairman: Address: Director: Christine Heid Address: 245 Delphin Brive Hewlett Neek, NY 11598 Director: Address: B. OFFICERS President: Molfon Heid Address: 245 Dolphin Brive Hawlett Neck, NY 11598 Vice President: \_\_\_\_ Address: Scoretary: Christine Heid Address: 245 Dolphin Drive Howlett NELK, NY 11598 Treasurer: \_\_\_ Address: NOTE: If necessary, you may attach an addendam to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) 14. M. I fow their described (Typed or printed name and capacity of person signing application)

## State of New York Department of State

I hereby certify, that the Certificate of Incorporation of DOLPHIN ASSOCIATES, INC. was filed on 12/16/1988, 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.

The Biennial Statement is past due.

Witness my hand and the official seal of the Department of State at the City of Albany, this 19th day of December two thousand and two.

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