

CAPITAL CONNECTION

850 222 1222

01/29

09 NO.

3

01/04

F03000000461

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H03000036792 7)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : YOUR CAPITAL CONNECTION, INC.
Account Number : I20000000257
Phone : (850) 224-8870
Fax Number : (850) 224-7047

FILED
03 JAN 29 AM 8:31
TALLAHASSEE, FLORIDA

RECEIVED

03 JAN 30 AM 8:11

DIVISION OF CORPORATION

1/30 met

FOREIGN PROFIT QUALIFICATION

F. A. MANAGEMENT SERVICES INC.

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$87.50

H03000036792 7

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. F.A. MANAGEMENT SERVICES INC.
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import)
2. NEW YORK 3. APPLIED FOR
(State or country under the law of which it is incorporated) (FBI number, if applicable)
4. APRIL 19, 2002 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
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. 228 AVENUE U, BROOKLYN, NEW YORK 11223
(Principal office address)
228 AVENUE U, BROOKLYN, NEW YORK 11223
(Current mailing address)
8. TO OWN, OPERATE AND MAINTAIN REAL PROPERTY.
(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: JERRY JOSEPH
Office Address: 100 GOLDEN ISLES DR., STE. 1204
HALLANDALE BEACH, Florida 33009
(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.


(Registered agent's signature)
JERRY JOSEPH, REGISTERED AGENT

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.

H03000036792 7

H03000036792 7

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: ALEX GOFMANAddress: 228 AVENUE U, BROOKLYN, NY 11223

Vice Chairman: _____

Address: _____

Director: ALEX GOFMANAddress: 228 AVENUE U, BROOKLYN, NY 11223

Director: _____

Address: _____

B. OFFICERS

President: ALEX GOFMANAddress: 228 AVENUE U, BROOKLYN, NY 11223

Vice President: _____

Address: _____

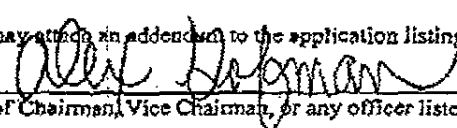
Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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. ALEX GOFMAN, PRESIDENT
(Typed or printed name and capacity of person signing application)

H03000036792 7

CAPITAL CONNECTION

850 222 1222

01/29 '03 16:09 NO.043 04/04

H03000036792 7

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

I hereby certify, that the Certificate of Incorporation of P.A. MANAGEMENT SERVICES INC. was filed on 04/19/2002, 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.

I further certify, that no other documents have been filed by such Corporation.



Witness my hand and the official seal
of the Department of State at the City
of Albany, this 28th day of January
two thousand and three.

Secretary of State

200201290304 * 11

H03000036792 7