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TRANSMITTĀL LETTER

TO:	Registration S Division of C		= _:	
SUBJ	ECT: L<	xington Man	agement qu	roup, Inc.
		(Name of corpo	oration - must include suffix)	
Dear S	ír or Madam:			
"Certif		ace", and check are submitted	for Authorization to Transa I to register the above referen	
Please	return all corre	spondence concerning this m	natter to the following:	
(cott	Druker	·	
-		/Nian	a of Person)	7
Cal	er Don	ten Levine	Druker Port	cr + 题目卫.
50	, 5 Se	Flagler	ne of Person) Druker Port A/Company) Drive S Address) ate and Zip code)	te. 9:00 = 0
We	st Pa	Llm Brach	Address)	D O7
		(City/St	ate and Zip code)	
For furt	her information	a concerning this matter, plea	ase call:	
Sa	me	at (S	61, 832 -	9292
	(Name of Pers	on) (Ai	rea Code & Daytime Telepho	one Number)
Registra Division 409 E. (TADDRESS: ation Section 1 of Corporation Gaines St. ssee, FL 32399	ns	MAILING ADDRESS Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	ns
Enclose	d is a check for	the following amount:		-
□ \$ 70.0	00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy	2 \$87.50 Filing Fee, Certificate of Status & Certified Conv

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 ELORIDA.

1 Lexington Management 9	roup, Inc.
(Name of corporation; must include the word "INCORPORAT words or abbreviations of like import in language as will clearl natural person or partnership if not so contained in the name at	ED", "COMPANY", "CORPORATION" or y indicate that it is a corporation instead of a present.)
2. Delaware 3.	13-3480368
2. (State or country under the law of which it is incorporated)	(FEI number, if applicable)
4. 9.6.88	Perpetua 1
6. (Date of incorporation) One of incorporation of the control of	(Duration: Year corp. will cease to exist or "perpetual")
(Date first transacted business in Florida. If corporation has not (SEE SECTIONS 607.1501) 7. Caler Doaks Levine D (Principal office add) (Current mailing add)	001/100/2004 Xt / 100 F X 1
Current mailing add	5 33401 95 9
(Current maning add	- > ane
8. <u>change of address</u> (Purpose(s) of corporation authorized in home state or co	
(Purpose(s) of corporation authorized in home state or co	untry 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: Scott Druker	
Office Address: Calco Donton Levi 505 So. Flagles West Palm Beach (City)	Drive, # 900 (Zip code)
10. Registered agent's acceptance: Having been named as registered agent and to accept service designated in this application, I hereby accept the appointm further agree to comply with the provisions of all statutes re duties, and I am familiar with and accept the obligations of	ce of process for the above stated corporation at the place Lent as registered agent and agree to act in this capacity. I Elative to the proper and complete performance of my
(Registered agent's sig	nature)

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: W. L. Haal-	دم ، ع			
Address: 250 Jung 1	e <i>coaa</i>		<u> </u>	<u> </u>
Palm Brack	1, h	33480		
Vice Chairman:			<u></u>	· · · · · · · · · · · · · · · · · · ·
Address:				
				<u>=::</u>
Director: J. J. Sla	de		- 1	
Address: 535 Madison	Ave	Ste 7,	35 +7	floo
New york,	24 10	0022- 4	212	<u> </u>
Director: F.N. Card	ducci			· · · ·
Director: F.N. Cara Address: 6 535 Madis	on Ave	Stc. 7,	3500	oflo.
New york				<u> </u>
B. OFFICERS	7			on [
President: W.L. Haal.	ey, Jr.			≧ U
Address: 250 Jung 1.	e Road		John A	
Palm Beach	4 . h_	33480		~
Vice President: A.A. Ho				
				· · · · · · · · · · · · · · · · · · ·
Address: 250 Jungl Palm Brack	. ħ_	33480		· · · · · · · · · · · · · · · · · · ·
			<u>.</u>	
Georetary: F. N. Card Address: Ny, Ny, Ny	AVE., ST	< . 7 , 35	+2 +1:	000
Address: Ny, Ny	10022-43	-12	*	
Treasurer: Constant	- Ave.	Stc.7, 3	5 14 f1	aor
Address: NY, NY	10022 - 47	<u> </u>		
NOTE: If necessary, you may attach an add	dendum to the application	on listing additional o	fficers and/or dir	ectors.
			. –	
8(Signature of Chairman, Vie	ce Chairman, or any offi	cer listed in number	12 of the applicat	ion)
4. Muly 22	ame and capacity of per-		<u> </u>	<u> </u>
			on)	
1. W.L. Hanle	ey, Jr. + Presid			
chairman	+ Presid	ent		

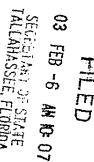
Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LEXINGTON MANAGEMENT GROUP, 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 TWENTY-SECOND DAY OF JANUARY, A.D. 2003.





Warriet Smith Hindson

AUTHENTICATION: 2216931

2171636 8300

030043258

DATE: 01-22-03