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(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies_ Certificates of Status Special Instructions to Filing Officer:

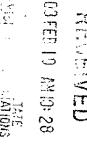
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SECRETARY OF STATE TALLAHASSEE, FLORIDA



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SECRETARY OF STATE TALLAHASSEE, FLORIDA

7296480

ACCOUNT NO. : 072100000032

REFERENCE: 921729

AUTHORIZATION :

COST LIMIT : \$ 70.00

ORDER DATE: February 6, 2003

ORDER TIME: 9:34 AM

ORDER NO. : 921729-020

CUSTOMER NO: 7296480

CUSTOMER: Mr. Michael Brigante

Sky Capital Holdings, Ltd.

Floor 8

110 Wall Street New York, NY 10005

FOREIGN FILINGS

NAME: SKY CAPITAL FLORIDA INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Ginger Simmons -- EXT# 1139

EXAMINER:

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT FILED
BUSINESS IN FLORIDA 03 FFP 12
BUSINESS IN FLORIDA 03 FEB 10 PM 2: 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. Sky Capital Florida Tuc.
1. Sky Capital Florida INC. (Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or
(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. DELAWARE 3. 03-0505004 (State or country under the law of which it is incorporated) (FEI number, if applicable)
4. FEBRUARY 6, 2003 5. PERPHUAL (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.")
(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. 110 WAll Stepet, 8th Floor, New York, NY 10005
(1 12) Cyfrir Greec War coo)
110 WALL Street, 8th FLOOR, NEW York, NY 10005 (Current mailing address)
8. To comput Any law ful business or activity (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
(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: Corporation Service Company
Office Address: 1201 Hays Street
Tallahassee , Florida 32301 (City) (Zip code)
(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

Corporation Service Company

Cynthia L. Harris

Registered agent's signature)

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

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

12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman:			-ED PM 2: 09
Address:		TALLAHASSE	E, FLORIDA
Vice Chairman:			
Address:	· <u> </u>	<u> </u>	·
	<u> </u>	, <u>-</u>	
Director:	<u>* </u>		
Address:	<u>-</u>		der e
	·		
Director:		#####################################	,
Address:	<u> </u>	***	
		The second second	<u> </u>
B. OFFICERS			
President:	'		
Address:	-	12	 ·
			<u> </u>
Vice President:		· · · · · · · · · · · · · · · · · · ·	
Address:	<u> </u>	<u> </u>	<u> </u>
Secretary: Robert Geizstein			
Address: 110 WAll Street, 8th Floor, New York, NY 10005	·	Mark of the	
Treasurer:	_·		· ′
Address:	··		
NOTE: If necessary, you may attach an addendum to the application listing additional	•	nd/or directors.	
13. (Signature of Chairman, Vice Chairman, or any officer listed in number	er 12 of the	application)	
14. Robert Gerstein (Typed or printed name and capacity of person signing applica	<u>.</u>		

Delaware

The First State

PAGE 1

FILED 03 FEB 10 PM 2: 0 SEURETARY OF STATE TALLAHASSEE, FLORID

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SKY CAPITAL FLORIDA 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 SIXTH DAY OF FEBRUARY, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SKY CAPITAL FLORIDA INC." WAS INCORPORATED ON THE SIXTH DAY OF FEBRUARY, A.D. 2003.

Warriet Smith Hindson Harriet Smith Windson, Secretary of State

AUTHENTICATION: 2247616

DATE: 02-06-03

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