# F03000000917

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Office Use Only
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02/24/03-01027-029 \*\*166.25



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UCC FILING & SEARCH SERVICES, INC. 526 East Park Avenue Tallahassee, Florida 32301 (850) 681-6528 HOLD FOR PICKUP BY UCC SERVICES OFFICE USE ONLY

February 24, 2003

## **CORPORATION NAME (S) AND DOCUMENT NUMBER (S):**

EMG East, Inc.

# Filing Evidence

Plain/Confirmation Copy

**Retrieval Request** 

Certified Copy

# Type of Document

- Certificate of Status
- □ Certificate of Good Standing
- □ Articles Only
- □ All Charter Documents to Include
- Articles & Amendments  $\Im$
- Fictitious Name Certificate
- □\_ Other



Photocopy

Certified Copy

OTHER FILINGS	
 Annual Reports	
Fictitious Name	
Name Reservation	
Reinstatement	

AMENDMENTS
Amendment
Resignation of RA Officer/Director
Change of Registered Agent
Dissolution/Withdrawal
Merger

	REGISTRATION/QUALIFICATION					
X	Foreign					
	Limited Liability					
	Reinstatement					
	Trademark					
	Other					

### 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.	EMG East, In	C.				· · · · · · · · · · · · · · · · · · ·
` <i>≠</i> `		words or abbrev		early	ED", "COMPANY", "CORPORATION" or indicate that it is a corporation instead of a present.)		
'	2.	Delaware		3.	11-3665950		
		(State or country	y under the law of which it is incorporated)	_ "	(FEI number, if applicable)		
	4.	December 9, 2	2002	,5.	perpetual		· · .
<u>-</u> .		(Dat	e of incorporation)		(Duration: Year corp. will cease to exist or "perpet	Jal")	
	6.	upon qualifica	ation		A CONTRACT OF A		ميس بر پر
- <b>3</b> -		(Date first transa			transacted business in Florida, insert "upon qualificat, 607.1502 and 817.155, F.S.)	tion.")	
		<b>.</b> .			, 007.1302 and 017.133, 1.3.)		
<del></del>	7.	9 East Loock	erman Street, Suite 1B, Dover, DE 1990		<u></u>	<u> </u>	· · · · · · · ·
-			(Principal office	add	ress)		
-		9 East Loocke	erman Street, Suite 1B, Dover, DE 1990	1			,
			(Current mailing	add	ress)		· .
÷.	8.	distril	bution of household goo	ds		03 F	DIVIS
••		(Purpose	(s) of corporation authorized in home state of	or co	untry to be carried out in state of Florida)	EB	ORE
	9.	Name and <u>st</u>	<u>reet address</u> of Florida registered age	nt:	(P.O. Box or Mail Drop Box <u>NOT</u> acceptable)	24	FILE
-		Name:	NRAI Services, Inc.		and the second	PH	RPOC
-						ΰ	RATA
	0	ffice Address:	526 E. Park Avenue		<u> </u>	۰ آ	D.M
			Tallahassee		, Florida 32301		ະ
-=			(City)		(Zip code)		

10. Registered agent's acceptance:

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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.

NRAI Services, Inc.

By:

(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:

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Chairman:	<u></u>	<u></u>			,	<u> </u>
Address:						
		-	-			Ξ.
Vice Chairman:						
Address:						
	<u> </u>					
Director: Patton R. Corrigan	<u> </u>		<u> </u>	.4 .		<u></u>
Address: 9 East Loockerman Street, Suite 1B	<u> </u>	<u> </u>	<u>_</u> .		·	
Dover, DE 19901		<u>.                                </u>				· 3
Director:	<u></u>			<u></u>	<i>s.</i>	· · · · · · · · · · · · · · · · · · ·
Address:						
	<u></u>				<u> </u>	<u> `</u>
3. OFFICERS					0	VIO VIO
President: William Wallace					3 FEI	SION
Address: 9 East Loockerman Street, Suite 1B		·			824	OFAL
Dover, DE 19901						DRPO
Vice President: Joel Klein					:2	RATE
Address: 9 East Loockerman Street, Suite 1B					0	at:
Dovor DE 10001						
Address: _9 East Loockerman Street, Suite 1B, Dover, DE 1990			-			<u> </u>
					<u>* ±</u>	
Address:			<u> </u>			· · ·
NOTE: If necessary, you may attach an addendum to the appl	lication listi	ng additional o	officers an	d/or dir	ectors.	
13. E.M.		<u> </u>				
(Signature of Chairman, Vice Chairman, or an	v officer lis	ted in number	12 of the	applicat	tion)	

(Typed or printed name and capacity of person signing application)



# The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "EMG EAST, 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-FIRST 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 "EMG EAST, INC." WAS INCORPORATED ON THE NINTH DAY OF DECEMBER, A.D. 2002.

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Harriet Smith Windsor, Secretary of State AUTHENTICATION: 2268663

DATE: 02-21-03