03 MAR - 6 AM 10: 15 7

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SECRETARY OF STATE TALLAHASSEE, FLORIDA



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W03-3684

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FILED

TRANSMITTAL LETTER

03 MAR -6 AM 10: 15

TO: Registration Section Division of Corporations SECRETARY OF STATE TALLAHASSEE, FLORIDA
SUBJECT: Abaco Cordoration
(Name of corporation - must include suffix)
Dear Sir or Madam:
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.
Please return all correspondence concerning this matter to the following:
Joanne Abrams
(Name of Person)
Abaco Corporation
195 Lehigh ave Sute 6
Lakewood, NJ 08701
(City/State and Zip code)
For further information concerning this matter, please call:
10000 01 -000 727 2/11 7/000
Joanne Abrams at 732, 364-7600 (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Feison) (Name Code & Daytime Telephone Number)
STREET ADDRESS: MAILING ADDRESS:
Registration SectionRegistration SectionDivision of CorporationsDivision of Corporations
409 E. Gaines St. P.O. Box 6327 Tallahassee, FL 32399 Tallahassee, FL 32314
Enclosed is a check for the following amount:
\$70.00 Filing Fee \$\Bigcup \\$78.75 Filing Fee & Bright \Bigcup \\$78.75 Filing Fee & Sertificate of Status & Certified Copy Certified Copy



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03 MAR -6 AM IO: 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE
Ken Detzner
Secretary of State

February 7, 2003

JOANNE ABRAMS 195 LEHIGH AVE. SUITE 6 LAKEWOOD, NJ 08701

SUBJECT: ABACO CORPORATION Ref. Number: W03000003684

We have received your document for ABACO CORPORATION 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) 245-6094.

Agnes Lunt Document Specialist

Letter Number: 203A00008511

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03 MAR -6 AM 10: 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RESOLUTION OF BOARD OF DIRECTORS

(Please print or type)

I, the undersigned Gary A. Simone do hereby certify (Name)
that this Resolution of the Board of Directors of
Abaco Management Corp.
(Corporate Name)
a corporation duly organized and existing under the laws of the State of New Versey, was duly adopted on 12/9/98
Be it resolved, that Abaco Management Corp.
(Corporate Name)
organized and existing in the State of New Jersey, hereby adopts the name
Abaco Management Corp of NU for use in Florida.
Dated: 2/18/03
Signature of either Chairman, Vice Chairman or any officer
Gay A. Simone

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

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

FILED	
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. AM 10: 15	=
1. Abaco Corporation SECRETARY OF STATE	
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" SPEE, FLORIDA	
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 New Jersen 3. 22-3623163	
(State or country under the law of which it is incorporated) (FEI number, if applicable)	
12-7-98 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.)	
100	\triangle
7. 195 Lenign ave., Suite 6 Inkewood, NJ 0810	
(Principal office address)	
(Current mailing address)	
0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
« Property Maintenance, Benille.	
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)	• ••
(1 ai pose(5) of corporation authorized in finite state of country to be carried out in state of Fiorida)	
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)	
	_
Name: Kichard C. Simone St	_
Office Address: 7349 Wimer An Rd Lot 1362 DeSoto St.	
72771	
Largo, Florida 3 3 1 1	
(City) (Zip code)	
10 Registered agent's accentance	

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)

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 FILED Chairman: __ Address: ___ Vice Chairman: __ Address: ____ Director: __ Address: ____ **B. OFFICERS** Bayville Secretary: Treasurer: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) (Typed or printed name and capacity of person signing application)

STATE OF NEW JERSEY DEPARTMENT OF TREASURY SHORT FORM STANDING

SEURETARY OF STATE TALLAHASSEE, FLORIDA

ABACO MANAGEMENT CORP.

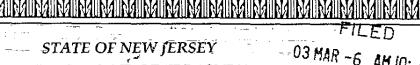
I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Profit Corporation was registered by this office on December 9, 1998.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and registered office are:

James P Brady Esquire 509 Main Street Po Box 431 Toms River, NJ 08754

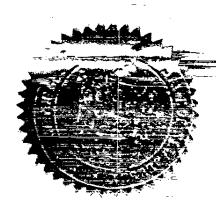
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DEPARTMENT OF TREASURY
SHORT FORM STANDING

O3 MAR -6 AM IO: 15 SECRETARY OF STATE TALLAHASSEE, FLORIDA

ABACO MANAGEMENT CORP.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 10th day of January, 2003

John E McCormac, CPA State Treasurer