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TRANSMITTAL LETTER

TO:	Registration Section Division of Corporations							
SUBJ								
(Name of corporation - must include suffix)								
Dear S	ir or Madam:							
"Certif	closed "Application by Foreign Corporation for Authorization to Transact Business in Florida", icate of Existence", and check are submitted to register the above referenced foreign corporation sact business in Florida.							
Please	return all correspondence concerning this matter to the following:							
	Steven P. Miller							
	(Name of Person)							
	(Firm/Company)							
	2203 Via Tuscany							
,	(Address) Winter Park, Florida 32789							
-	(City/State and Zip code)							
For fur	ther information concerning this matter, please call:							
К	latherine Pace at (407) 563-2276							
	(Name of Person) at (407) 563-2276							
Registi Divisio 409 E. Tallaha	ET ADDRESS: ration Section on of Corporations Gaines St. assee, FL 32399 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 red is a check for the following amount:							
CJ \$70	.00 Filing Fee S \$78.75 Filing Fee & S \$78.75 Filing Fee & S \$87.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy							

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.	1. Via Caprì Inc.	
	(Name of corporation; must include the word "INCORPORATE words or abbreviations of like import in language as will clearly natural person or partnership if not so contained in the name at pro-	indicate that it is a corporation instead of a
2.	2. Delaware 3.	51-0378730
	(State or country under the law of which it is incorporated)	(FEI number, if applicable)
4.	4. December 12, 1996	Perpetual
•••	· · · · · · · · · · · · · · · · · · ·	(Duration: Year corp. will cease to exist or "perpetual")
6.	6 Upon qualification	
	(Date first transacted business in Florida. If corporation has not to (SEE SECTIONS 607.1501,	
7	7. 2203 Via Tuscany, Winter Park, FL 327	89
	(Principal office addre	
_	2203 Via Tuscany, Winter Park, FL 327	89
	(Current mailing addre	ss) 23
8.	8. Investment Management	
	(Purpose(s) of corporation authorized in home state or cou	ntry to be carried out in state of Florida)
9.	9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
	Name: Steven P. Miller	
Of	Office Address: 2203 Via Tuscany	
	Winter Park	Florida 32789
	(City)	(Zip code)
10.	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)

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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Steven P. Miller 2203 Via Tuscany Winter Park, FL 32789 Franklin Montgomery 1270 Avenue of the Americas, Suite 2011 New York, New York 10020 Gary Wojno 1270 Avenue of the Americas New York, New York 10020 ICERS Steven P. Miller 2203 Via Tuscany Winter Park, Florida 32789 Franklin Montgomery 1270 Avenue of the Americas, Suite 2011, New York, New York 10020 Steven P. Miller 2203 Via Tuscany, Winter Park, Florida 32789	CTORS			
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	Steven D Miller			
			y vate	<u></u>
	Steven P. Miller	York, New Y	ork 10020	
	Signature of Chairman, Vice Chairman, or any officer li	sted in number	12 of the applica	tion)
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)	Steven P. Miller, Chairman/President (Typed or printed name and capacity of person si	<u> </u>		<u></u>

Delaware

PACE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "VIA CAPRI 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-EIGHTH DAY OF FEBRUARY, A.D. 2003.

O3 APR 30 PM 3 00
SECRETARY OF STATE



Varriet Smith Hindson

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 2281554

DATE: 02-28-03

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