

Division of Corporations

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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)205-0383

From: Account Name : CORPORATION SERVICE COMPANY /SAL  
Account Number : I20000000195  
Phone : (850)521-1000  
Fax Number : (850)521-1030

03 MAY -5 PM 12:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATION

**FOREIGN PROFIT QUALIFICATION**

**BREEAAD M.V. CORP.**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

*Handwritten initials and number: 5-5-03*

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**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. BREEAAD M.V. CORP.  
(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. New York 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FBI number, if applicable)

4. June 2, 1989 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.)

7. c/o Peter Botsaris, 360 Lexington Avenue, 4th Floor, New York, NY 10017  
(Principal office address)

c/o Peter Botsaris, 360 Lexington Avenue, 4th Floor, New York, NY 10017  
(Current mailing address)

8. Owning and operating real property  
(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 Nava Street

Tallahassee, Florida 32301  
(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 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.*

  
Corporation Service Company Brian Courtney  
Asst. V. Pres.  
(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.

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12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Dr. Ingolf Holm-Andersen

Address: 148 Hegemans Lane

Glen Head, NY 11545

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

B. OFFICERS

President: Charles Aug

Address: 360 Lexington Avenue, 4th floor

New York, NY 10017

Vice President: Peter Botsaris

Address: 360 Lexington Avenue, 4th floor

New York, NY 10017

Secretary: Peter Botsaris

Address: 360 Lexington Avenue, 4th floor, New York, NY 10017

Treasurer: Charles Aug

Address: 360 Lexington Avenue, 4th floor, New York, NY 10017

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. \_\_\_\_\_

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Peter Botsaris, Vice President

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

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STATE DEPARTMENT OF STATE  
211 PENNSYLVANIA AVENUE  
WASHINGTON, DC 20540

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**State of New York } ss:  
Department of State**

*I hereby certify, that the Certificate of Incorporation of BREBAAD M.V. CORP. was filed on 06/02/1989, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation.*



\*\*\*

*Witness my hand and the official seal of the Department of State at the City of Albany, this 30th day of April two thousand and three.*

A handwritten signature in black ink, appearing to read "R. A. DeS..." with a flourish at the end.

Secretary of State

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