ID:CSC FILE No.119 05/05 '03 12:10

FAX:850 521 1010

PAGE

Division of Corporations

Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H03000186082 1)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)205-0383

Prom:

: CORPORATION SERVICE COMPANY /5AL Account Name

Account Number : I20000000195 : (850)521-1000 Phone

: (850)521-1030 Fax Number

FOREIGN PROFIT QUALIFICATION

BREEAAD M.V. CORP.

| 0 |
|---------|
| 0 |
| 04 |
| \$70.00 |
| |

H03000186082 1

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.

| | M.V. CORP. coration: must include the word | "INCORPORATED", "COMPANY", "CORPORATION" or | |
|---|--|--|--------------------------|
| words or abbr | eviations of like import in langu | age as will clearly indicate that it is a corporation instead of a | |
| natural person | or partnership if not so contain | ed in the name at present.) | |
| | | ^ | |
| 2. <u>New York</u> | ry under the law of which it is in | 3. (FBI number, if applicable) | - |
| (State of count | th midel the tam of murch it is it | ecorporated) (F.E.t number, (1 applicable) | |
| 4. June 2, | | 5. perpetual | |
| (Da | ate of incorporation) | (Duration: Year corp. will cease to exist or "perpetu | al") |
| 6. Upon Oua | lification | | |
| (Date first trans | sacted business in Florida. If co | aporation has not transacted business in Florida, insert "upon qualificati | on.") |
| | (SEE SEC | TIONS 607.1501, 607.1502 and 817,155, F.S.) | |
| 7 -/- B-b- | er Watermin 260 La | kington Avenue, 4th Floor, New York, NY 100 | 17 |
| I. C/O FEE | | ncipal office address) | |
| | • | • | 1 7 |
| c/o Pete | | rington Avenue, 4th Floor, New York, NY 100 rent meiling address) | <u>1)</u> |
| | ₹€ \$ | tell maning address, | |
| | | | |
| 8. Owning a | nd operating real | home state or country to be carried out in state of Florida) | |
| (‡urpose | e(s) of corporation suthorized in | nome state of country to be carried but in state of Florida; | ်းက ေ |
| 9. Name and st | reet address of Florida reg | istered agent: (P.O. Box or Mail Drop Box NOT acceptable) | 1 SE SE |
| _ | | | |
| Name: | Corporation Servi | <u>ce Company</u> | |
| Office Address: | 1201 Hays Street | | 111 7 % |
| Office Address. | THE MOUNT RESERVE | | |
| | Tallahassee | , Florida 32301 | 14. |
| | (City) | (Zip code) | - ಶಿಕ್ಕಿ ಕಿ |
| 10 20 | | | |
| | agent's acceptance: | to accept service of process for the above stated corporation at | the winne |
| Maving been na. Jesignated in th | meu as regisiereu agent ana is analication. I berehv acce | to accept service of process for the above stated corporation at opt the appointment as registered agent and agree to act in this | ene piace canacity. Y |
| hesi <u>s</u> nates in 2. Further gores to | comply with the provisions | of all statutes relative to the proper and complete performance | of mv |
| duties, and I am | familiar with and accept th | e obligations of my position as registered agent. | |
| • | ·// | | |
| | 4 | m a constituents | |
| المستسسب | Corporation Service | Se Company Brian Courtney Asst. V. Pres. | |
| - | (Reg | istered agent's signature) | • |
| | | | |
| 11. Attached is a | contificate of existence duly | authenticated, not more than 90 days prior to delivery of this ap | plication to |

11. Attached is a contificate 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.

H03000186082 1

| 12. Names and business addresses of officers and/or directors: |
|---|
| A. DIRECTORS |
| Chairman: Dr. Ingoll Rolm-Anderson |
| Address: 148 Regemans Lane |
| Gler Head, NY 11545 |
| Vice Chairman: |
| Address: |
| |
| Director: |
| Address: |
| |
| |
| Director: |
| Address: |
| |
| B. OFFICERS |
| President: Charles Aug |
| Address: 350 Lexington Availie, at 1 11001 |
| 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. Lette Belsaus |
| (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) |

, · · · •

H03000186082 1

State of New York Department of State | Stat

I hereby certify, that the Certificate of Incorporation of BREEAAD 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 band and the official seal of the Department of State at the City of Albany, this 30th day of April two thousand and three.

Secretary of State

200305010420 * 45

H03000186082 1