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Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

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Account Name : SOCKOL & ASSOCIATES, P.A.

Account Number : I20030000103 Phone : (727)822-5200 Fax Number : (727)821-5319

FOREIGN PROFIT QUALIFICATION

Ocean Properties, Inc.

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FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

December 31, 2003

SOCROL & ASSOCIATES, P.A.

SUBJECT: OCEAN PROPERTIES, INC.

REF: W03000039910

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

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Adding "of Florida" or "Florida" to the end of a name is not acceptable

The name of your corporation is not available in Florida. An out-of state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc.," "Co.," "Co.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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Trevor Brumbley Document Specialist FAX Aud. #: H03000342766 Letter Number: 303A00069536

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.	Ocean Properties Inc.		: · · •		
	(Enter name of corporation; must include "INCORPORATE	ŒD,	"COMPANY," "CORPORATION,"	•	
	"Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")				
	Description of Ct. Debouders To	2	•		
	Ocean Properties of St. Petersburg, In (If name unavailable in Florida, enter alternate corporate na			-	=
	•				
	Maryland (State or country under the law of which it is incorporated)	3.	52–1409562 (FEI number, if applicable)	- .	
	,		* ** /		
4.	06-26-1985 (Date of incorporation)	_5.	perpetual	-	-
	(Date of incorporation)		(Duration: Year corp. will cease to exist or "perpetual")		
	upon qualification			<u>.</u>	
ţ	Date first transacted business in Florida. If corporation has (SEE SECTIONS 607.15	not 501,	transacted business in Florida, insert "upon qualification." 607.1502 and 817.155, F.S.))	
7	1445 Brightwaters Blvd. NE, St. Peter	sb	urg, FL 33704		
	(Principal office a	ıddı	ess)	-	
	same		TAL	40	
-	(Current mailing a	addr	css)	<u>_</u>	•
		_	15 T	7 2	-11
8.			, n - 1	JAN-2	
	(Purpose(s) of corporation authorized in home state or	r co	untry to be carried out in state of Florida)) P	
9.	Name and street address of Florida registered agent	t: (P.O. Box or Mail Drop Box <u>NOT</u> acceptable)	্ ন্ড	;
	Name: Cynthia Iskander		<u> </u>		1
		_			
Of	fice Address: 1445 Brightwaters Blvd. NE				
	St. Petersburg		, Florida _ 33704		
	(City)		(Zip code)	-	
10	Yhandakawa 3 arandin a arandin aran				
	Registered agent's acceptance: wing been named as registered agent and to accept set	rvic	e of process for the above stated cornoration at the	olace.	
des	signated in this application, I hereby accept the appoir	ntm	ent as registered agent and agree to act in this capa	city. I	
fur	ther agree to comply with the provisions of all statute.	s re	lative to the proper and complete performance of m	y duties	,
anı	d I am familiar with and accept the obligations of my	pos	dion as registered agent.		
	(
	mlhen Irlunder		_		
	(Registered agent's signatur	re)			

- 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. DIKE	Cions	
Chairman:	Cynthia Iskander	
Address: _	1445 Brightwaters Blvd. NE	
_	St. Petersburg, FL 33704	
Vice Chain	man:	-
Address: _		
Director: _		
Address: _		_
_		
Director: _		_
Address: _		
-		_
B. OFFI	CERS	
President:	Cynthia Iskander	
Address: _	1445 Brightwaters Blvd., NE	
	St. Petersburg, FL 33704	
Vice Presid	dent: Cynthia Iskander	
Address: _	SEC T	5
_	7 ₀ 7	
Secretary:	Cynthia Iskander	_
Address: _	12	
Treasurer:	Cynthia Iskander	ē
Address: _		
NOTE: I	if pecessary, yest may attach an addendum to the application listing additional officers and/or directors.	
12	atting the same of	
13. —	(Signature of Director or Officer listed in number 12 of the application)	
14	Cynthia Iskander, President	
	(Typed or printed name and capacity of person signing application)	

STATE OF MARYLAND Department of Assessments and Taxation

I, PAUL ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT OCEAN PROPERTIES INC. IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS DECEMBER 16, 2003.

Paul B. Anderson Charter-Division

