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#### TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Teddy & Arthur Edelman, Ltd.	
(Name of corporati	on - must include suffix)
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for "Certificate of Existence", and check are submitted to transact business in Florida.	
Please return all correspondence concerning this matter	er to the following:
Roger Chapman	
(Name o	f Person)
Teddy & Arthur Edelman, Ltd.	
(Firm/Co	ompany)
80 Pickett District Rd.	
(Add	iress)
New Milford, CT 06776	
(City/State	and Zip code)
For further information concerning this matter, please	call:
Roger Chapman at (860	350-9600
	Code & Daytime Telephone Number)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:	
□ \$70.00 Filing Fee □ \$78.75 Filing Fee & Certificate of Status	7 \$78.75 Filing Fee & Sertified Copy Sertified Copy Certified Copy Certified Copy



#### FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

February 16, 2004

ROGER CHAPMAN TEDDY & ARTHUR EDELMAN, LTD. 80 PICKETT DISTRICT RD. NEW MILFORD, CT 06776

SUBJECT: TEDDY & ARTHUR EDELMAN, LTD.

Ref. Number: W0400006535

We have received your document for TEDDY & ARTHUR EDELMAN, LTD. and your check(s) totaling \$78.75. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return 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) 245-6917.

Letter Number: 604A00010418

Gretchen Harvey
Document Specialist Supervisor

## 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.

State or country under the law of which it is incorporated)   (FEI number, if applicable)		orporate name a	adopted for the purpose of transacting busi	ness in Florida)	)
(Date of incorporation)  (Date of incorporation)  (Date of incorporation)  (Date of incorporation)  (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.)  1855 Griffin Rd., Suite B-400, Dania, FL 33004  (Principal office address)  80 Pickett District Rd., New Milford, CT 06776  (Current mailing address)  Generate Sales from the showroom  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)  Name:  (Priorida  (Priori	Delaware	3.	06-1054591		
(Date of incorporation)  (Duration: Year corp. will cease to exist or "perpetual")  "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.)  1855 Griffin Rd., Suite B-400, Dania, FL 33004  (Principal office address)  80 Pickett District Rd., New Milford, CT 06776  (Current mailing address)  Generate Sales from the showroom  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)  Name:  One of the properties of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)  Florida	(State or country under the law of which it is inc	orporated)	(FEI number, if applicable	)	
"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.)  1855 Griffin Rd., Suite B-400, Dania, FL 33004  (Principal office address)  80 Pickett District Rd., New Milford, CT 06776  (Current mailing address)  Generate Sales from the showroom  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)  Name: Selection of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)  Florida	01/01/1990	5.	"perpetual"		
(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.)  1855 Griffin Rd., Suite B-400, Dania, FL 33004  (Principal office address)  80 Pickett District Rd., New Milford, CT 06776  (Current mailing address)  Generate Sales from the showroom  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)  Name:    Comparison of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)    Comparison of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)   Comparison of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)   Comparison of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)   Comparison of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)   Comparison of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)   Comparison of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)   Comparison of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)	(Date of incorporation)		(Duration: Year corp. will cease to exist	or "perpetual")	_
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)  1855 Griffin Rd., Suite B-400, Dania, FL 33004  (Principal office address)  80 Pickett District Rd., New Milford, CT 06776  (Current mailing address)  Generate Sales from the showroom  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)  Name:    Description	"upon qualification"		.,		
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(Principal office address)  80 Pickett District Rd., New Milford, CT 06776  (Current mailing address)  Generate Sales from the showroom  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)  Name:  Name:  Florida	•		607.1502 and 817.155, F.S.)		
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	. Registered agent's acceptance:				
aving been named as registered agent and to accept service of process for the above stated corporation at the place	). Registered agent's acceptance: aving been named as registered agent and to	accept servic	e of process for the above stated corpo	oration at the	place
aving been named as registered agent and to accept service of process for the above stated corporation at the place signated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. rther agree to comply with the provisions of all statutes relative to the proper and complete performance of my dut	Registered agent's acceptance:  aving been named as registered agent and to  signated in this application, I hereby accept	t the appointm	ent as registered agent and agree to a	ct in this capa	icity.

- 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:

### 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. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "lac," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) (State or country under the law of which it is incorporated) (FEI number, if applicable) 5. (Duration: Year corp. will cease to exist or "perpetual") (Date of incorporation) (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.) (Principal office address) (Current mailing address) (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: Florida Incorporating and Registered Agents, Inc. Office Address: 122 West Hillcrest Street 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:

A. DIRECTORS
Chairman: Arthur Edelman
Address: 129 Spring Valley Rd.
Ridgefield, CT 06877
Vice Chairman: Theodora Edelman
Address: 129 Spring Valley Rd.
Ridgefield, CT 06877
Director:
Address:
Director:
Address:
B. OFFICERS
President: John Edelman,
Address: 133 Spring Valley Rd.
Ridgefield, CT 06877
Ving President: John McPhee, Chief Operating Officer
Address: 20 Saint Nicholas Rd.
Darien, CT 06820
Secretary:
Address:
Treasurer:
Address:
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
(Signature of Director or Officer listed in number 12 of the application)
14. (Typed or printed name and capacity of person signing application)
(Typed or printed name and capacity of person signing application)

## Delaware

#### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TEDDY & ARTHUR EDELMAN, LIMITED" 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-FOURTH DAY OF FEBRUARY, A.D. 2004.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TEDDY & ARTHUR EDELMAN, LIMITED" WAS INCORPORATED ON THE THIRD DAY OF JUNE, A.D. 1980.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 2947178

DATE: 02-24-04

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