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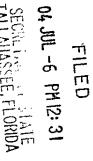
(Re	questor's Name)				
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PICK-UP	☐ WAIT	MAIL			
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Certified Copies	Certificates	s of Status			
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My

# TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: MCMAHON MANAGEMENT CORPORATION	
(Name of corporation - must	include suffix)
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Authoriz "Certificate of Existence," and check are submitted to register the transact business in Florida.	
Please return all correspondence concerning this matter to the for	ollowing:
MARYANN QUICK	
(Name of Person)	
MASOTTI & MASOTTI	
(Firm/Company)	
1100 SUMMER STREET	
(Address)	ALC:
STAMFORD. CONNECTICUT 06905	<u> </u>
(City/State and Zip of	SSEE,
For further information concerning this matter, please call:	112: 3 FLORI
MARYANN QUICK at (203 ) 323	-1191
	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:	
	Filing Fee & S87.50 Filing Fee, 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.

l.	INCINITION IN	ANAGEMENT COPONATION				_
		orporation; must include "INCORPORAT orp," "Inc," "Co," or "Corp.")	ED,	" "COMPANY," "CORPORATION,"		
	(If name unavaila	able in Florida, enter alternate corporate na	ame	adopted for the purpose of transacting business in	ı Florida)	)
	CONNECTICU		_3.	06-1270525		_
	(State or country	under the law of which it is incorporated)	_	(FEI number, if applicable)		_
4.	APRIL 25, 198	9	5.	PERPETUAL		
	(Date	of incorporation)		(Duration: Year corp. will cease to exist or "pe	rpetual")	_
6.	MAY 1, 2004					
	-			n Florida, if prior to registration) 502, F.S., to determine penalty liability)		_
7.	27800 RIVERW	ALK WAY BONITA SPRINGS, FLOR	IDA	34134		
•		(Principal office	add	ress)		_
	C/O MASOTTI	& MASOTTI 1100 SUMMER STREET	ST	AMFORD, CONNECTICUT 06905		
		(Current mailing	add	ress)		_
8	MANAGEMEN	Т		TALL	원인원 <b>F 15</b>	•
٠.		s) of corporation authorized in home state of	or co	ountry to be carried out in state of Florida)		11
9.	Name and stree	et address of Florida registered agent: (	(P.C	D. Box NOT acceptable)	<b>か</b> て	
	Name:	RAYMOND E. MCMAHON			G SIAII	;
Οf	ffice Address:	27800 RIVERWALK WAY				<u>.</u>
		BONITA SPRINGS	•	, Florida 34134		
		(City)		(Zip code)		

## 10. Registered agent's acceptance:

MACMALION MANIACEMENT CODODATION

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. DIRE	CTORS RAYMOND E. MCMAHON	
Chairman:	27800 RIVERWALK WAY	
	BONITA SPRINGS, FLORIDA 34134	
Vice Chair	man:	
Address: _		
Director:		
Address: _		
_		
Director:		
Address:		
B. OFFI	CERS	
President:	RAYMOND E. MCMAHON	
Address: _	27800 RIVERWALK WAY	
_	BONITA SPRINGS, FLORIDA 34134	
Vice Presid	lent:	
Address: _	SSE 6 E	
_		
Secretary:	ROSANNE MCMAHON SEE S	
Address: _	27800 RIVERWALK WAY BONITA SPRINGS, FLORIDA 34134	
Treasurer:		
Address: _		
NOTE: I	f necessary, you may attach an addendum to the application listing additional officers and/or directors.	
13	(Signature of Director or Officer listed in number 12 of the application)	
14.	(Signature of Director of Officer listed in number 12 of the application)  Ray Mond 73 We maha CRO (Ves.  (Typed or printed name and capacity of person signing application)	
<u></u>	(Typed or printed name and capacity of person signing application)	

# Office of the Secretary of the State of Connecticut

 $\,$  I, the Connecticut Secretary of the State, and keeper of the seal thereof, DO HEREBY CERTIFY, that

### MCMAHON MANAGEMENT CORPORATION

incorporated under the laws of Connecticut is in existence.

Secretary of the State

Date Issued: May 10, 2004