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## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: BLUE LINE ARTS, INC.  (Name of Corporation - must include suffix)
Dear Sir or Madam:
The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.
Please return all correspondence concerning this matter to the following:
ERIC BRAVERMAN ES Q
(Name of Person)
(Name of Person)  BLUE LINE ARTS, INC.  (Firm/Company)  245 EAST 21ST STREET, SUITE SC  (Address)  NEW YURK NY LOCID
(Firm/Company)
245 EAST 21ST STREET, SUITE 5C (Address)
(Address) ~
NEW YORK, NY TOCIO
(City/State and Zip Code)
For further information concerning this matter, please call:  ERIC BRAVERMAN 44 212 3 444 2205
(Name of Person) at (2.12) 446 8205 (Area Code & Daytime Telephone Number)
(Name of Telson) (Area 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 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 & □ \$78.75 Filing Fee & □ \$87.50 Filing Fee,  Certificate of Status

## APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

	LINE AR								
(Name of corpor in language as w present. "Compa	ration: must incluill clearly indications, and indication	te that it is a corr	oration instead	of a natural 1	person or partne	rship if no	bbreviatio t so contai	ns of lik ned in t	ke import he name at
2. CONNE	CTICOT		3.	06 - is	68625				
(State or country	y under the law o	of which it is inco	orporated)	•	(FEI n	umber, if	applicable)	)	
4. <u>JANUA</u>	RY 5, 2	00 C	5	PERPE	TJAL				
(	(Date of Incorpo	ration)	_	(Duratio	on: Year corp. w	ill cease to	exist or "	perpetu	al")
6									
(Date corp	oration first con	ducted Affairs in	Florida - <i>See s</i>	ections 617.1	501, 617.1502,	and 817.1	55, F.S.)		
7. <u>i 8</u>	DEER PAR	K ROAD	DANB	ינגא כ	T 0681	1			
245	EAST 218	STRECT,	SUITE	SC, NE	W YORK,	NA	10010	<u> </u>	
			(Current mai	ing address)					
8. CHAR	ITABLE	AND EDUC	4TIONAL	purpos E	S RELATE	0 Ts	тне		RHING
(	(Purpose(s) of co	rporation author	ized in home st	ate or country	to be carried or	it in the st	ate of Flor	ida)	ARTS
9. Name and <u>str</u>	eet address of	Florida registe	ered agent: (I	P.O. Box or	Mail Drop Bo	NOT ac	ceptable	4 49	
Name: _	MICHAEL	BAIME		_			IIIASSI	ng -	618.755 4 4 2 2 118.1822
Office Address:	1846 MA	126ARET 5	T. #8C	_				S ₽	
	JACKSON				35501	+	E. FLORIDA		i i i i i i i i i i i i i i i i i i i
<del></del>		(City)		_	(Ž	p Code)	RIDA	2	

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 addresses of officers and/or directors:

A. DIRECTOR	S
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Chairman: ERIC BRAVER MAN			
Address: 245 EAST 21ST STREET, SUITE 50			_
MEM JOSER HA 10010			
Vice Chairman:			
Address:			
Director: MICHAEL BAILAR			
Address: 1246 MARKARET ST. #80			
JACKSON VILLE FL 32204			
Director: CIERISTOPHER TINE			
Address: 535 WEST 49TH STREET # 2FW			
MCM A015K WA 1001d	324	<u> </u>	
B. OFFICERS		<u>دى</u> .	ر تعدر
President: MICHAEL BAHAR	Ω :.	ഗ :	<b>13.23</b>
Address: 1846 MAIZEARET ST. #8C	E. FLORIOA		- d
JACKSONVILLE FL 32204	<u> </u>	: 2	
Vice President: N(A	0.F.		
Address:			
Secretary: CHILIS FORMER TIME			
Address: 535 W. 49TH ST # 2FW HEW YORK NY 10019			
Treasurer ERIC BRAVERMAN			
Address: 245 E 215T ST #50 NEW YORK NY 10010			
NOTE: If necessary, you may attach an addendum to the application listing additional officers and	d/or dir	ectors.	
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the app	plicatic	on)	
14 (14 - 12 14 4 5)		,	
(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

BLUE LINE ARTS, INC.

incorporated under the laws of Connecticut is in existence.

Secretary of the State

Date Issued: June 7, 2004