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From:

Account Name : CORPORATION SERVICE COMPANY

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FOREIGN PROFIT QUALIFICATION

OCPB HOTEL MM, INC.

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9/9/2005 10:30 PAGE 001/001 Florida Dept of State



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

September 9, 2005

CORPORATION SERVICE COMPANY

Please give original submission date as file date

SUBJECT: OCPB HOTEL MM, INC.

REF: W05000041905

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Joey Bryan Document Specialist FAX Aud. #: H05000214055 Letter Number: 605A00055997

## 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.

(If name unavai	lable in Florida, enter alternate corporate n	name adopted for the purpose of transacting business in Florida	)
2 Delaware		3. 20-3387747	
(State or country	under the law of which it is incorporated)	) (FEI number, if applicable)	
4, Aug 13, 20	os	5. perpetual	
(Dat	e of incorporation)	(Duration: Year corp. will cease to exist or "perpetual"	)
6			<b>_</b>
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		tess in Florida, if prior to registration) 07.1502, F.S., to determine penalty liability)	
7. 280 Park Av	enue 35 W New York, NY 10017		_
	(Principal office	c address)	
	77		
	(Current mailing	g address)	
s. Any a	(Curem maning	g address)	0
P+	nd all lawful business	or country to be carried out in state of Florida)	- 05 SI
(Purpose)	nd all lawful business	or country to be carried out in state of Florida)	05 SEP -
(Purpose)	nd all lawful business s) of corporation authorized in home state	or country to be carried out in state of Florida)  (P.O. Box NOT acceptable)	8
(Purpose)  9. Name and stre  Name:	and all lawful business s) of corporation authorized in home state of address of Florida registered agent:	or country to be carried out in state of Florida)  (P.O. Box NOT acceptable)	-8 F
(Purpose)  9. Name and stre  Name:	and all lawful business s) of corporation authorized in home state of address of Florida registered agent: Corporation Service Compan	or country to be carried out in state of Florida)  (P.O. Box NOT acceptable)	-8 PH 4:
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(Purpose)  9. Name and sire Name: Office Address:	nd all lawful business s) of corporation suthorized in home state et address of Florida registered agent:  Corporation Service Compar- 1201 Hays Street  Tallahassee  (City) gent's acceptance:	or country to be carried out in state of Fiorida)  (P.O. Box NOT acceptable)  Ty  Florida 32301  (Zip code)	-8 PH 1:01
(Purpose)  9. Name and sire Name: Office Address:  10. Registered a Having been nan designated in this	nd all lawful business s) of corporation authorized in home state et address of Florida registered agent:  Corporation Service Compar 1201 Hays Street  Tallehassee  (City)  gent's acceptance: med as registered agent and to accept as application, I hereby accept the appe	or country to be carried out in state of Florida)  (P.O. Box NOT acceptable)  Ty  Florida 32301  (Zip code)  Service of process for the above stated corporation at the cointment as registered agent and agree to act in this cap.	Place piace ricky. I
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(Purpose)  9. Name and sire Name: Office Address:  10. Registered a Having been han designated in this further agree to a	and all lawful business s) of corporation suthorized in home state et address of Florida registered agent:  Corporation Service Companies 1201 Hays Street  Tallshaesee  (City)  gent's acceptance: and as registered agent and to accept to application, I hereby accept the appearancy with the provisions of all status	or country to be carried out in state of Fiorida)  (P.O. Box NOT acceptable)  Ty  , Florida 32301  (Zip code)  Service of process for the above stated corporation at the pintment as registered agent and agree to act in this capites relative to the proper and complete performance of any position at registered agent.	Place piace ricky. I

- 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. DIRECT	
Chairman: Jo	ohn R Fraser
Address: 280	Park Avenue
N∈w	York, NY 10017
Vice Chairman	r. F. Jonthan Dracos
	Park Avenue
	York, NY 10017
Director:	
Address:	
Director:	
D ADVICE	Dr.
B. OFFICE	
	nn R Fraser
	Park Avenue
-	YORK, NY 10017
	F. Jonthan Dracos
Address: 280	Park Avenue
New	York, NY 10017
Secretary:	
Address:	
Treasurer: Jo	el A. Moody
Address: 280	Park Avenue, New York, NY 10017
NOTE: If no	cessary, you may attach an addendum to the application listing additional officers and/or directors.
17	(Signature of Director or Officer listed in number 12 of the application)
14. John R	
	(Typed or printed name and capacity of person signing application)

FAX:850 558 1515

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## Delaware

## The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "OCPB HOTEL MM, INC." 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 SEVENTH DAY OF SEPTEMBER, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "OCPB HOTEL MM, INC." WAS INCORPORATED ON THE THIRTIETH DAY OF AUGUST, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CORPORATION IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.



Warriet Smith Hindson

AUTHENTICATION: 4140271

DATE: 09-07-05

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