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Florida Department of State

Division of Corporations
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From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
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TALLAHASSEE FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION

CEEBRAID HOLIDAY MANAGEMENT CORPORATION

Certificate of Status	0
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2/7/06

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. CEEBRAID HOLIDAY MANAGEMENT CORPORATION
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")

(If name unavailable in Florida, enter alternative corporate name adopted for the purpose of transacting business in Florida)

2. Delaware
(State or country under the law of which it is incorporated)

3. "applied for"
(FEI number, if applicable)

4. 02/02/06
(Date of incorporation)

5. perpetual
(Duration: Year corp. will cease to exist or "perpetual")

6. upon qualification
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501, 607.1502, F.S., to determine penalty liability)

7. 250 S. Australian Avenue, Suite 1003, West Palm Beach, FL 33401
(Principal office address)

250 S. Australian Avenue, Suite 1003, West Palm Beach, FL 33401
(Current mailing address)

8. To engage in any lawful activity for which corporations may be organized
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(Zip Code)

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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.

(Deborah D. Skipper)
(Registered agent's signature)

Deborah D. Skipper
Asst. V. Pres.

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 (Street address only - P.O. Box NOT acceptable)

Chairman: _____
Address: _____

Vice Chairman: _____
Address: _____

Director: Adam Schlesinger
Address: 250 S. Australian Avenue, Suite 1003, West Palm Beach, FL 33401

Director: Jason Schlesinger
Address: 250 S. Australian Avenue, Suite 1003, West Palm Beach, FL 33401

B. OFFICERS

President: Adam Schlesinger
Address: 250 S. Australian Avenue, Suite 1003, West Palm Beach, FL 33401

Vice President: Jason Schlesinger
Address: 250 S. Australian Avenue, Suite 1003, West Palm Beach, FL 33401

Secretary: _____
Address: _____

Treasurer: _____
Address: _____

NOTE: If 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. Adam Schlesinger, President
(Typed or printed name and capacity of person signing application)

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Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CEEBRAID HOLIDAY MANAGEMENT CORPORATION" 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 SECOND DAY OF FEBRUARY, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CEEBRAID HOLIDAY MANAGEMENT CORPORATION" WAS INCORPORATED ON THE SECOND DAY OF FEBRUARY, A.D. 2006.

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

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TALLAHASSEE FLORIDA

Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State

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AUTHENTICATION: 4495598

DATE: 02-02-06

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