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TALLAHASSEE FLORIDA

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**FOREIGN PROFIT/NONPROFIT CORPORATION**

**Belfab, Inc.**

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**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** BELPAR, INC.  
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

William H. Zimmer  
(Name of Person)  
Cravath, Swaine & Moore LLP  
(Firm/Company)  
825 Eighth Avenue  
(Address)  
New York, NY 10019  
(City/State and Zip code)

For further information concerning this matter, please call:

William Zimmer at ( 212 ) 474-1852  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**  
New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**  
New Filing 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
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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. BELFAB, INC.

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

(If name unavailable in Florida, enter alternate 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. 20-4190001

(FBI number, if applicable)

4. January 19, 2006

(Date of incorporation)

5. Perpetual

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

6. The corporation has not transacted business in Florida.

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

7. 305 Pentress Boulevard, Daytona Beach, Florida 32114, USA

(Principal office address)

305 Pentress Boulevard, Daytona Beach, Florida 32114, USA

(Current mailing address)

8. To engage in any lawful activity for which a corporation may be organized under the General Corporation Law of DE.

(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 NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

, Florida 33324

(Zip code)

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.*

C T Corporation System

By: Debbie Diaz  
(Registered agent's signature)

Debbie Diaz  
Assistant Secretary

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:

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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**A. DIRECTORS**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: Colm Lanigan

Address: 300 Park Avenue, 17th Floor

New York, NY 10022

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: Colm Lanigan

Address: 300 Park Avenue, 17th Floor

New York, NY 10022

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: Colm Lanigan

Address: 300 Park Avenue, 17th Floor, New York, NY 10022

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. \_\_\_\_\_

*Colm Lanigan*  
(Signature of Director or Officer listed in number 12 of the application)

14. Colm Lanigan, President

(Typed or printed name and capacity of person signing application)

FILED

*Delaware*

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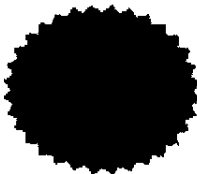
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BELFAB, 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 TWENTY-FIRST DAY OF FEBRUARY, A.D. 2006.

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 "BELFAB, INC." WAS INCORPORATED ON THE NINETEENTH DAY OF JANUARY, A.D. 2006.



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*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 4535567

DATE: 02-21-06