

FD6000001386

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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STATE
TALLAHASSEE, FLORIDA

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STATE
TALLAHASSEE, FLORIDA

MRS
3/6

CT CORPORATION

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

March 2, 2006

Department of State, Florida
Clifton Building
2611 Executive Center Circle
Tallahassee FL 32301

Re: Order #: 6579589 SO
Customer Reference 1: CNA
Customer Reference 2:

Dear Department of State, Florida:

Please obtain the following:

PLP Ventures, Inc (DE)
Qualification
Florida

PLP Ventures, Inc (DE)
Certificate of Status/Authorization-Foreign
Florida

PLP Ventures, Inc (DE)
Cert Copy of Certificate of Authority
Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

CT CORPORATION

Sincerely,

Ashley A Mitchell
Fulfillment Specialist
Ashley.Mitchell@wolterskluwer.com

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

A WoltersKluwer Company

**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. PLP VENTURES INCORPORATED

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "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. 113076500

(FEI number, if applicable)

4. 06-11-91

(Date of incorporation)

5. Perpetual

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

6. _____

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

7. 280 PARK AVENUE, NEW YORK, NY 10017

(Principal office address)

280 PARK AVENUE, NEW YORK, NY 10017

(Current mailing address)

8. Any AND ALL LAWFUL BUSINESS

(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:

CT 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.

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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TALLAHASSEE, FLORIDA

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: ROGER GOODELL Kim Williams

Address: 280 Park Avenue 280 Park Avenue

New York, NY 10017 New York, NY 10017

Director: GARY GERTZOG

Address: 280 PARK Avenue

New York, NY 10017

B. OFFICERS

President: ROGER GOODELL

Address: 280 PARK Avenue

New York, NY 10017

Asst. Secretary Vice President Poula Gurbault

Address: 280 Park Avenue

New York, NY 10017

Secretary: Gary Gertzog

Address: 280 Park Avenue, New York, NY 10017

Treasurer: Kim Williams

Address: 280 Park Avenue, New York, NY 10017

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. GARY GERTZOG

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

Delaware

PAGE 1

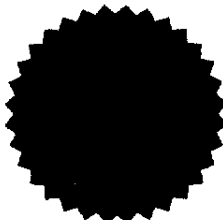
The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PLP VENTURES 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 SECOND DAY OF MARCH, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PLP VENTURES INC." WAS INCORPORATED ON THE ELEVENTH DAY OF JUNE, A.D. 1991.

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06 MAR -3 PM 12:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State

2265411 8300

AUTHENTICATION: 4561620

060207383

DATE: 03-02-06