

F06000006087

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

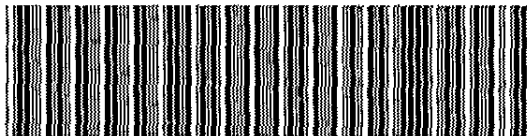
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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T. Hampton SEP 22 2006

**CORPORATE
ACCESS,
INC.**

"When you need ACCESS to the world"

236 East 6th Avenue Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666 Fax (850) 222-1666

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Foreign

1. Gale/Triangle, Inc.
(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

**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. GALE/TRIANGLE, INC.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

TRIANGLE OF MIAMI
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. NEW JERSEY 3. 22-3216394
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. MAY 12 1987 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. SEPTEMBER 15 2006
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 11204 NORWALK BLVD SANTA FE SPRINGS CA 90670
(Principal office address)

SAME
(Current mailing address)

8. CONSOLIDATION AND TRANSPORTATION
(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: Paracorp Incorporated

Office Address: 236 East 6th Avenue

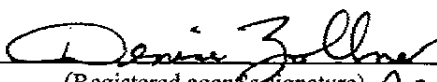
Tallahassee, Florida 32303
(City) (Zip code)

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TALLAHASSEE, FLORIDA

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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.


(Registered agent's signature) 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:

A. DIRECTORS

Chairman: MICHAEL KAPLAN

Address: 11204 NORWALK BLVD
SANTA FE SPRINGS CA 90670

Vice Chairman: _____

Address: _____

Director: CRAIG KAPLAN

Address: 11204 NORWALK BLVD
SANTA FE SPRINGS CA 90670

Director: ROBERT KAPLAN

Address: 11204 NORWALK BLVD
SANTA FE SPRINGS CA 90670

B. OFFICERS

President: CRAIG KAPLAN

Address: 11204 NORWALK BLVD
SANTA FE SPRINGS CA 90670

Vice President: ROBERT KAPLAN

Address: 11204 NORWALK BLVD
SANTA FE SPRINGS CA 90670

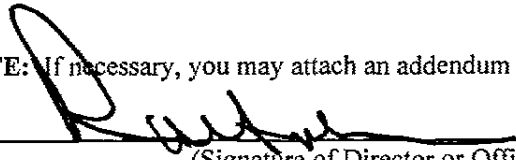
Secretary: MICHAEL KAPLAN

Address: 11204 NORWALK BLVD SANTA FE SPRINGS CA 90670

Treasurer: MICHAEL KAPLAN

Address: SAME

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. ROBERT KAPLAN Vice President
(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
SHORT FORM STANDING

GALE/TRIANGLE, INC.
0100337112

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Profit Corporation was registered by this office on May 12, 1987.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and registered office are:

*M William Joel
418 Duncan Ave.
Jersey City, NJ 07306 0000*

Continued on next page . . .

STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
SHORT FORM STANDING

GALE/TRIANGLE, INC.



IN TESTIMONY WHEREOF, I have
hereunto set my hand and
affixed my Official Seal
at Trenton, this
18th day of September, 2006

Bradley Abelow

Bradley Abelow
State Treasurer