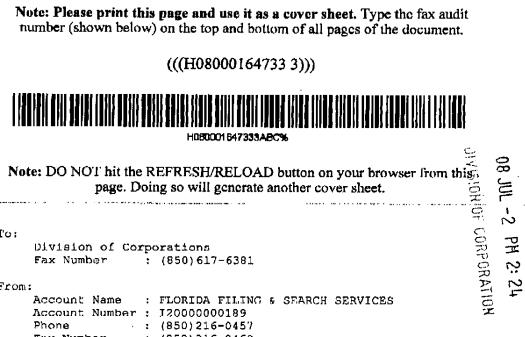


Florida Department of State

Division of Corporations Public Access System

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FOREIGN PROFIT/NONPROFIT CORPORATION

NCSPLUS INCORPORATED

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7/2/2008

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	corporation; must include "INCORI	-78.0	DRPORATED		
	,,,	PORATED,	" "COMPANY," "COR	PORATION,"	
name unavail	able in Florida, onter alternate corp	orate name	adopted for the purpose of	of transacting business in Florida	
ELAWARE		3.			
ia or country	under the law of which it is incorp-	orated)	(FFI number, if applicable)		
/10/2005		5.	Perpetual		
	of incorporation)	-	(Duration: Year corp.)	vill cease to exist or "perpetual")	
	(Date first transactor (SEE SECTIONS 607.150	1 business in 01 & 607.15	i Florida, if prior to regia 02, F.S., to determine pe	tration) nalty liability)	
7 E. 24th Str	eet, 5th Floor		New York	NY 10010	
	(Principa	office add	rees)		
7 F 24th C	reet, 5th Floor		New York	NY 10010	
· · · · · · · · · · · · · · · · · · ·			LAST MAIN	141 12010	
. C. PHILISC	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	nailing add		141 10010	
	(Chresh I	nailing add		14, 15010	
ocounts Rec	(Curent i Bivable Management		r045)		
ocounte Rec (Purpose((Current i sivable Management s) of corporation authorized in hom	o state or co	untry to be carried out in	state of Florids)	
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ocounts Rec (Purpose((Current i sivable Management s) of corporation authorized in hom	o state or co	untry to be carried out in	state of Florids)	
Accounts Rec (Purpose)	(Chrent i sivable Management s) of corporation authorized in hom at address; of Florida registered a	o state or co gent: (P.C Inc.	untry to be carried out in	state of Florids)	
(Purpose): ame and suce Name:	(Current i salvable Management s) of corporation authorized in hom at address of Florida registered a Capitol Corporate Services,	o state or co gent: (P.C Inc.	untry to be carried out in	state of Florids)	

(Registered agent's signature)

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 b	usiness addresses of offic	cers and/or directors:		
A. DIRECTOR	8 .			
Chairman:				
Address:				<u> </u>
				ع الله الله
Vice Chairman:		<u></u>		
Address:				THE N
				
Director: Christo				8≯ +
Addrags: 117 E.	24th Street, 5th Floor			DA DA
New Y		NY	10010	
Director: Lynn G	oldberg			
	24th Street, 5th Floor			
New Y		NY	10010	
B. OFFICERS				
President: Christi	opher Rehiow	<u> </u>		
Address: 117 E	. 24th Street, 6th Floor			
New '	/ork	NY	10010	
Vice President: 💄	ynn Goldberg	.,,		
Addross:1	17 E. 24th Street, 5th I	Floor	· · · · · · · · · · · · · · · · · · ·	
·	lew York	NY.	10010	
Socretary:				
Address:				
Treasurer:				
No. of Contrast, or other party of the Contrast of the Contras	V			
NOTE: If neces	sary, you may attach an a	ddendum to the application	n listing additional officers and/o	or directors.
13	3		3	
	(Signature of Direct	tor or Officer listed in num		
14. <u>Lynn Goldt</u>		name and capacity of pers	President	<u></u>

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NCSPLUS INCORPORATED" 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-SECOND DAY OF MAY, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NCSPLUS INCORPORATED" WAS INCORPORATED ON THE TENTH DAY OF NOVEMBER, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

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

080590021

Harriet Smith Windsor, Sepretary of State

AUTHENTICATION: 6610087

DATE: 05-22-08