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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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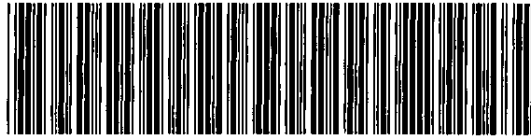
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 18 2008
D. A. WHITE

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: GAMI CARE MANAGEMENT + SERVICES, 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:

MICHAEL SPECHT, CPA
(Name of Person)
METTS GROUP LLC
(Firm/Company)
1400 PENN PLAZA SUITE 1800
(Address)
NEW YORK NY 10122
(City/State and Zip code)

For further information concerning this matter, please call:

MICHAEL SPECHT at (212) 643-0099 L/message 7/18/08
(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 18, 2008

MICHAEL SPECHT, CPA
14 PENN PLAZA
SUITE 1800
NEW YORK, NY 10122

SUBJECT: GAMI CARE MANAGEMENT & SERVICES, INC.
Ref. Number: W08000008331

We have received your document for GAMI CARE MANAGEMENT & SERVICES, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper, that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

If you have any questions concerning the filing of your document, please call (850) 245-6933.

Dale White
Regulatory Specialist II

Letter Number: 708A00010140

**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. GAMI CARE MANAGEMENT + SERVICES INC.
(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. NEW YORK 3. 51-0457450
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 3/4/2003 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. NO BUSINESS TRANSACTED PRIOR TO REGISTRATION
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. C/O METS GROUP 14 PENN PLAZA SUITE 1800 NEW YORK, NY 10122
(Principal office address)

C/O FERAREN 99 SEMINOLE BLVD PALMETTO PLACE - PH 46 BOCA RATON FL 33432
(Current mailing address)

8. MANAGEMENT SERVICES
(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: GRACE FERAREN

Office Address: 99 SE SEMINOLE BLVD PALMETTO PLACE - PH 46
BOCA RATON, Florida 33432
(City) (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.

XGF [Signature]
(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.

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TAMMSEEN, FLORIDA

12. Names and business addresses of officers and/or directors:

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A. DIRECTORS

Chairman: GRACE FERAREN

Address: 99 SE MIZNER BLVD PALMETTO PLACE - PH46
BOCA RATON, FL 33432

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Vice Chairman: ARLENE MAUSKOPF

Address: 99 SE MIZNER BLVD PALMETTO PLACE PH46
BOCA RATON, FL 33432

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: GRACE FERAREN

Address: 99 SE MIZNER BLVD PALMETTO PLACE - PH46
BOCA RATON, FL 33432

Vice President: ARLENE MAUSKOPF

Address: 99 SE MIZNER BLVD PALMETTO PLACE - PH46
BOCA RATON FL 33432

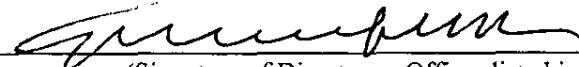
Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. X6F 

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

14. GRACE FERAREN PRESIDENT

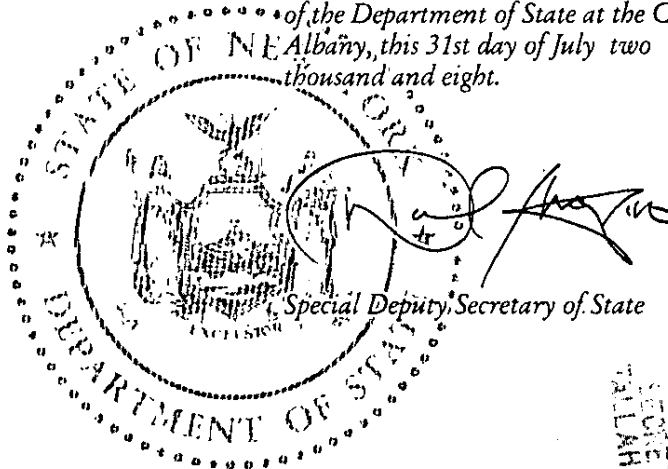
(Typed or printed name and capacity of person signing application)

State of New York
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of GAMI CARE MANAGEMENT & SERVICES, INC. was filed on 03/04/2003, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

The Biennial Statement is past due.

WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 31st day of July two
thousand and eight.



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA