F080000H783

(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



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11/05/08--01005--006 **70.00

DIVISION OF CORPORATION

B. Tardock NOV OF 2008.



CT 1203 Governors Square Blvd. Suite 101 Tallahassee, FL 32301-2960 850 222 1092 tel 850 222 7615 fax www.ctlegalsolutions.com

November 4, 2008

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

Re:

Order #: 7386099 SO

Customer Reference 1: None Given Customer Reference 2: None Given

Dear Department of State, Florida:

Please obtain the following:

New Rogers Garden, Inc. (DE) Qualification Florida F:12 18th

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.

Sincerely,

Connie R Bryan Senior Fulfillment Specialist Connie.Bryan@wolterskluwer.com

COVER LETTER.

TO: New Filing Section Division of Corporat	ions		
SUBJECT: New Rog	ers Garden Inc.		
		- must include suffix)	
Dear Sir or Madam:			
The enclosed "Application by "Certificate of Existence," ar transact business in Florida.			
Please return all corresponde	nce concerning this matter t	o the following:	
David Godschalk			
	(Name of l	Person)	
Telesis Corporation			
	(Firm/Con	ipany)	
1101 30th St NW, 4	·		
Washington, DC 20	(Addre	ess)	
	(City/State ar	nd Zip code)	
For further information conc	erning this matter, please ca	dl:	
David Godschalk	at (202	333-8447	
(Name of Person)		ode & Daytime Telephor	ne Number)
STREET/COURIE New Filing Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 323	ions er Circle	MAILING AD New Filing Sec Division of Cor P.O. Box 6327 Tallahassee, FL	tion porations
Enclosed is a check for the fo	ollowing amount:	•	
\$70.00 Filing Fee 5	Certificate of Status	\$78.75 Filing Fee & [Certified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy

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.

(Enter name of c	ers Garden Inc. orporation; must include "INCORPORATEI orp," "Inc," "Co," or "Corp.")	D," "COMPANY," "CORPORATION,"
(If name unavail	able in Florida, enter alternate corporate nam	ne adopted for the purpose of transacting business in Florida)
₂ Delaware	4	
(State or country	under the law of which it is incorporated)	(FEI number, if applicable)
4. 11/3/	0°6	, Perpetual
(Date	of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")
U•	(SEE SECTIONS 607.1501 & 607.	s in Florida, if prior to registration) 1502, F.S., to determine penalty liability) 1, DC 20007 Iddress) Iddress)
7. 1101 30th	St. NW, 4th FI, Washington	i, DC 20007
	(Principal office ac	ddress)
(Current mailing address)		
9. Name and stree		country to be carried out in state of Florida) O. Box NOT acceptable)
Name:		
Office Address:	1200 South Pine Island R	
	Plantation	, Florida 33324 (Zip code)
	(City)	(Zip code)
Having been nam designated in this further agree to c	application, I hereby accept the appoin	vice of process for the above stated corporation at the plac tment as registered agent and agree to act in this capacity relative to the proper and complete performance of my d position as registered agent.
		Anusha Putty
		Vice President
	(Registered agent's signature	10000001

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: Address: __ Vice Chairman: Address: Director: _ Address: ___ Director: _____ Address: **B. OFFICERS** DC' 20007 Vice President: William Address: \\O Address: Source as above Address: Same as NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 13. _____

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

maritun melkoniar

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

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NEW ROGERS GARDEN 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 THIRD DAY OF NOVEMBER, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

4613372 8300

081085752

Harriet Smith Windsor, Secretary of State **AUTHENTICATION:** 6945451

DATE: 11-03-08

You may verify this certificate online at corp.delaware.gov/authver.shtml