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(Requestor's Name)
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COVER LETTER

TO: No Fill Code	
TO: New Filing Section Division of Corporations	
SUBJECT: Atelier 4, Inc.	
	ration - must include suffix)
Dear Sir or Madam:	
	for Authorization to Transact Business in Florida," to register the above referenced foreign corporation to
Please return all correspondence concerning this ma	atter to the following:
Michael T. Butler	
(Nam	ne of Person)
Atelier 4, Inc.	
(Firm	n/Company)
35-00 47th Avenue	
(/	Address)
Long Island City, New York 11101-	-2434
	ate and Zip code)
For further information concerning this matter, plea	ise call:
Michael T. Butler at (71	
(Name of Person) (Ar	rea Code & Daytime Telephone Number)
STREET/COURIER ADDRESS:	MAILING ADDRESS:
New Filing Section	New Filing Section
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327
2661 Executive Center Circle	Tallahassee, FL 32314
Tallahassee, FL 32301	
Enclosed is a check for the following amount:	
\$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Sertified Copy Certified Copy Certified Copy 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.

· ———	Inc. corporation; must include "INCORPORATED	," "COMPANY," "CORPORATION,"	
"Inc.," "Co.," "C	Corp," "Inc," "Co," or "Corp.")		
(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida)	
New York	3	11-3001825	
(State or country	under the law of which it is incorporated)	(FEI number, if applicable)	
January 1	6, 1990 _{5.}	Perpetual	
·	e of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")	
, No busine	ess transacted in state to dat	e	
		in Florida, if prior to registration) 502, F.S., to determine penalty liability)	
35-00 47th	Avenue, Long Island City, I	-	
	(Principal office add	lress)	
35-00 47th	n Avenue, Long Island City, I	New York 11101-2434	
	(Current mailing add	dress)	
Fine Arts	Moving and Handling	and property	
(Purpose(s	s) of corporation authorized in home state or c		-
. Name and stree	et address of Florida registered agent: (P.C	D. Box NOT acceptable)	erentist Properties
Name:	Andrew R. Spector, Esq.	第章 ゴ	1 2 2 4
Office Address:	Hyman, Spector & Mars, LLP, Museum Tower	, 150 West Flagler Street	, , , , ,
	Miami	, Florida 33130	
	(City)	(Zip code)	

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.

^{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:

State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of ATELIER 4, INC. was filed on 01/16/1990, 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 29th day of October two thousand and eight.

Special Deputy Secretary of State

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