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(Requestor's Name)							
(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:							
AUTHORIZATION BY PHONE TO							
DATE							
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COVER LETTER

	New Filing Sect								
	Division of Corp								
SUBJE	CT: 777 Terra	ce Ave Suite 401 Hasbroud							
		Name of corpora	tion - must include suffix						
Dear Sir	or Madam:								
"Certific	ate of Existence	on by Foreign Corporation c," or "Certificate of Good Son corporation to transact but	Standing" and check are su						
Please re	turn all correspo	ondence concerning this ma	atter to the following:						
Nora J B	lush								
		Name	of Person						
Specialis	sts Marketing Se	ervices, Inc							
Firm/Company									
777 Terra	ace Ave Suite 4	01	./)						
		A	ddress	7AL					
Hasbrou	ck Heights NJ 0	7604		LA LA					
		City/Sta	te and Zip code	AN 25 TARY MASSE					
norabus@	@sms-inc.com			SET 25					
		E-mail address: (to be us	ed for future annual report	100					
For further	er information o	concerning this matter, plea	se call:	notification) From 10: 21					
Nora J B	ush	at (²⁰¹) 865-5800x2013						
1	Name of Person		ea Code & Daytime Teleph	none 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									
Enciosed	is a check for ti	ne following amount:							
□ \$70.00 Filing Fee □ \$78.75 Filing Fee & Certificate of Status □ \$78.75 Filing Fee & Certificate of Certified Copy □ \$87.50 Filing □ Certified Copy □ Certifi									

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		t include "INCORPORAT	ΓED,	" "C	OMPANY," "CORPOR	ATION,"		•	-
inc., co., c	orp, "ine," Co	, or "Corp.")							
Specialists Ma	rketing Service	s, Inc							
(If name unavail	able in Florida,	enter alternate corporate n	ame	adopt	ed for the purpose of tra	nsacting bu	siness in	Florida)	-
2. NY			_ 3.	55-0	909414				_
(State or country	under the law of	f which it is incorporated)			(FEI number,	if applicab	le)		-
4. 12/1/2005			5.	регр	etual				_
(Date	of incorporation	n)		(Du	ration: Year corp. will c	ease to exis	st or "perp	etual")	
6. HANCH >	008								_
	I)	Date first transacted busine SECTIONS 607.1501 & 60							
					·		r		
7. <u>· 777 T</u>	ELNACE	AVE SUITE (Principal office			HASBAOUCE	H216H	173 A	0 [0	760
777 T A	- 0 % - 404 11	•		,					
/// Terrace Av	re Suite 401 Ha	asbrouck Heights, NJ 07							-
		(Current mailing	agu	ress)					
g. To have a sale	s office							2010 JAN 25	
· · · · · · · · · · · · · · · · · · ·		authorized in home state of	or co	untry	to be carried out in state	of Florida) 美 麗		- 125
O. Nama and store			(D. C		NOT	•	AS	¥ 2	#ZE
9. Name and stree	et address of Fi	orida registered agent: ((P.C). Bo)	NOT acceptable)		SEE (5	i i
Name:	Nora	Bush					7	A	18
Office Address:	2000 Glades	s Road Suite 406					S	AH 10:	· Comme
office Address.		- · · · · · · · · · · · · · · · · · · ·					ויקיב	21	
	Boca Raton	(01)			, Florida <u>33431</u>	<u> </u>			
		(City)			(Zip code)				
10. Registered as	gent's acceptai	nce:							
Having been nam	ed as registere	d agent and to accept se	ervi	ce of	process for the above	stated cor	poration	at the j	olace
		hereby accept the apport provisions of all statute							
		pt the obligations of my				трісіс ре	<i>yormun</i> e	e oj m	/ uum
		1	•						
				1	(1 d. 1)				
_		(Registered agent's signatu	_1	\leq	200				
	(Registered agent's signatu	une		, . <u></u>				
11. Attached is a	certificate of ex	ristence duly authenticat	ted.	not m	ore than 90 days prior	to deliver	v of this	applica	tion 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: Lon Mandel Address: _ 777 Terrace Ave Suite 401 Hasbrouck Heights, NJ 07604 Vice Chairman: Address: ______ Director: Ted Goetz c/o Phillips Gold & Co Address: 1430 Broadway NY NY 10018 Director: Tom Harbison Address: 3612 Beverly Dr Dallas, TX 75205 **B. OFFICERS** President: Lon Mandel Address: 777 Terrace Ave Suite 401 Hasbrouck Heights, NJ 07604 Vice President: Address: __ Secretary: __ Address: ___ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Director or Officer listed in number 12 of the application) LPN HANDEL PRESIDENT + CEO
(Typed or printed name and capacity of person signing application)

State of New York Department of State State | State

I hereby certify, that the Certificate of Incorporation of SPECIALISTS MARKETING SERVICES, INC. was filed on 11/22/2005, 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.



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Witness my hand and the official seal of the Department of State at the City of Albany, this 30th day of November two thousand and five.

Daniel Shapiro

Special Deputy Secretary of State

SECRETARY OF STATE