

Division of Corporations
F10000005408

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Please retain original filing date of submission 12/8

To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 DEC - 8 PM 3:50

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FOREIGN PROFIT/NONPROFIT CORPORATION

Winged Keel Management Company, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	05 u
Estimated Charge	\$70.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 DEC 10 AM 11:44

RECEIVED

T. Burch DEC 13 2010



December 9, 2010

FLORIDA DEPARTMENT OF STATE
Division of Corporations

C T CORPORATION SYSTEM

SUBJECT: WINGED KELL MANAGEMENT COMPANY, INC.
REF: W10000057087

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

An effective date may be added to the Articles of Incorporation if a 2011 date is needed, otherwise the date of receipt will be the file date. A separate article must be added to the Articles of Incorporation for the effective date.

If you have any questions concerning the filing of your document, please call (850) 245-6928.

Tim Burch
Regulatory Specialist II

FAX Aud. #: H10000263654
Letter Number: 510A00028581

RE-SUBMIT
Please retain original filing
date of submission 12/8

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Winged Keel Management Company, 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," or "Certificate of Good Standing" 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:

Pramod Navani

Name of Person

Winged Keel Management Company, Inc.

Firm/Company

1700 Broadway, 34th Floor

Address

New York, NY - 10019-5905

City/State and Zip code

pnavani@wingedkeel.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Pramod Navani

at (212) 527 - 8086

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

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.

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TAMMESAEE, FLORIDA

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1. Winged Keel Management Company, 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. NY 3. 13-3804373
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 12/30/1994 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 12/17/2010
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1700 Broadway, 34th Floor, New York, NY - 10019
(Principal office address)

1700 Broadway, 34th Floor, New York, NY - 10019
(Current mailing address)

8. Insurance Agency
(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: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(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.

CT Corporation System

By: Debbie Diaz
(Registered agent's signature)

Debbie Diaz
Assistant Secretary

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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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Eric Naison-Phillips

Address: 1700 Broadway, 34th Floor, New York, NY - 10019

Director: _____

Address: _____

B. OFFICERS

President: Michael Licheskind

Address: 1700 Broadway, 34th Floor, New York, NY - 10019

Vice President: Campbell Gerrish

Address: 1700 Broadway, 34th Floor, New York, NY - 10019

Secretary: Matthew Phillips

Address: 1700 Broadway, 34th Floor, New York, NY - 10019

Treasurer: Brent Kinetz

Address: 1700 Broadway, 34th Floor, New York, NY - 10019

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

13.  _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. Eric Naison-Phillips

(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 WINGED KEEL MANAGEMENT COMPANY, INC. was filed on 06/10/1994, under the name of WINGED KEEL GROUP, INC., 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.

A Certificate of Amendment WINGED KEEL GROUP, INC., changing its name to WINGED KEEL MANAGEMENT COMPANY, INC., was filed 03/14/1995.



*Witness my hand and the official seal
of the Department of State at the City
of Albany, this 06th day of December
two thousand and ten.*

A handwritten signature in black ink, appearing to read "Daniel Shapiro".

Daniel Shapiro
First Deputy Secretary of State

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TALLAHASSEE, FLORIDA