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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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SECRETARY OF STATE
SECRETARY OF S

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COVER LETTER

TO: New Filing Section Division of Corporations		
SUBJECT:JT Magen + Co., Inc.		
Name of corpora	ation - must include suffix	
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation "Certificate of Existence," or "Certificate of Good above referenced foreign corporation to transact but	Standing" and check are sub	ct Business in Florida," omitted to register the
Please return all correspondence concerning this m	atter to the following:	
Steven Mount	_	
. Nam	e of Person	
JT Magen + Co., Inc.		
	Company	
44 West 28th Street, 11th Floor		
A	ddress	· · · · · · · · · · · · · · · · · · ·
New York, NY 10001	\	
	ate and Zip code	
smount@jtmagen.com		
	sed for future annual report i	notification)
For further information concerning this matter, plea	ise call:	
	,	
Steven Mount at (21)	2) 790 ₄ 4228	
	rea Code & Daytime Teleph	one Number
	×.	
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING A New Filing Se Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7
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.

1. JT Magen +	Co., Inc.		
	rporation; must include "INCORPORATED,	" "COMPANY," "CORPORATION,"	
"Inc.," "Co.," "Co	rp," "Inc," "Co," or "Corp.")		
(If name unavaila	ble in Florida, enter alternate corporate name	adopted for the purpose of transacting busin	ess in Florida)
N. M. J	_	44.0406404	
2. New York	3.		
(State or country u	inder the law of which it is incorporated)	(FEI number, if applicable)	
4. 12/07/1992	5.	perpetual	
''	of incorporation)	(Duration: Year corp. will cease to exist o	r "perpetual")
•	•	•	
6			
		n Florida, if prior to registration)	
	(SEE SECTIONS 607.1501 & 607.13	502, F.S., to determine penalty liability)	
7 44 W 28th St	reet, 11th Floor, New York, NY 10001		
7. 44 (1 <u>Dan o</u>	(Principal office add	ress)	
	` ·	,	
44 W 28th St	reet, 11th Floor, New York, NY 10001		
	(Current mailing add	ress)	
8. Commercial	Construction - General Contractor		
	of corporation authorized in home state or co	ountry to be carried out in state of Florida)	1
(1 daposo(s)	of outpointed againstizes in nome sum of or	value to the training out in out to the training	
9. Name and street	address of Florida registered agent: (P.C	D. Box NOT acceptable)	ALC A
· · · · · · · · · · · · · · · · · · ·	,	<u> </u>	
Name:	NRAI Services, Inc.	<u></u>	- 35 B 35 F
			1000
Office Address:	2731 Executive Park Drive, Ste 4		
	Wester	00024	59 ? T
	Weston	, Florida <u>33331</u>	22 O
	(City)	(Zip code)	Ş
10 Dooletand on	·		
10. Registered ag	ent's acceptance: ed as registered agent and to accept servi	ine of numbers for the above stated corne	ration at the place
	upplication, I hereby accept the appoints		
	mply with the provisions of all statutes r		
	with and accept the obligations of my po		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	NRAI Servicio I		
		· ~	
	Q. MIMMONDA	Innet: D Dog Appletant Socrator	m,
******		lendy D Rea, Assistant Secretar	y
	(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.

12.	Names	and	business	addresses	of	officers	and/or	directors:
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		A TOP TO	Jane Jane	
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Α.	DIRECTORS	

Chairman:	Maurice Regan 11 JAN 25 PH	2: 08
Address:	Fig. 19 April 19 Apri	STATE
	New York, NY 10001	- V. (6 1 7 5 5 5 .
Vice Chairman:	: Steven Mount	· · · · · · · · · · · · · · · · · · ·
Address:	44 W 28th Street, 11th Floor	
	New York, NY 10001	
Director:	Geoff Arend	
Address:	360 N Michigan Ave, Suite 1310	
	Chicago, IL 60601	
Director:		
		
B. OFFICERS	RS	
President:	Maurice Regan	· · · · · · · · · · · · · · · · · · ·
Address:	44 W 28th Street, 11th Floor	
	New York, NY 10001	
Vice President:	: Geoff Arend	
Address:	360 N Michigan Ave, Suite 1310	· · · · · · · · · · · · · · · · · · ·
	Chicago, IL 60601	<u> </u>
Secretary:	Elizabeth Crespo	
Address:	44 W 28th Street, 11th Floor	
Treasurer:	Steven Mount	<u> </u>
Address:	44 W 28th Street, 11th Floor	
	cessary, you may attach an addendum to the application listing additional officers and/or	directors.
13	(Signature of Director or Officer listed in number 12 of the application)	·
14	Steven Mount, Vice Chairman and Treasurer (Typed or printed name and capacity of person signing application)	

State of New York Department of State

} ss:

11 JAN 25 PM 2: 08

I hereby certify, that the Certificate of Incorporation of UT MAGEN + CO., INC. was filed on 12/07/1992, 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.



WITNESS my hand and the official seal of the Department of State at the City of Albany, this 31st day of December two

thousand and ten.

First Deputy Secretary of State