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(Requestor's Name)					
(Address)					
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(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 CORRECT ## 4					
AUTHORIZATION BY PHONE TO					
DATE 8/9///					
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SECRETARY OF STATE

MPS/9

COVER LETTER

TO:	New Filing Sec Division of Cor	porations			
SUBJ	ECT:	CUSUMAN	10 1	ASSOCIATES	INC
5020		Name of cor	poration	- must include suffix	
Dear S	ir or Madam:				
"Certif	ficate of Existence		ood Stan	Authorization to Transact ding" and check are submess in Florida.	
Please	return all corresp	ondence concerning th	is matter	to the following:	
	LORI	L Cusum.	Ó NA)	
-		L Cusum	Vame of	Person	
	CUSI	22A OVAML	OC14	ATES INC	
	Cas	F	irm/Com	npany	
	113	SHORE RD	5	UITE >	
	(1)	O Moreo 1-2	Addre	ess	**************************************
	CLEX	LOVE	NV	ontez ess 11542 nd Zip code hunters com	
	<u> </u>	Cit	v/State a	nd Zip code	
	lausu	mano@lik	ouse	hunters com	
	1Cas at	E-mail address: (to	be used f	for future annual report no	tification)
For fur	ther information	concerning this matter,	please c	eall:	
Loi	RA CUSU	MAND at (51L	7Z1-7394 Code & Daytime Telephon	
	Name of Person	n	Area (Code & Daytime Telephon	e Number
	STREET/COU New Filing Sec Division of Cor Clifton Building 2661 Executive Tallahassee, FL	porations S Center Circle		MAILING AD New Filing Sect Division of Corp P.O. Box 6327 Tallahassee, FL	ion porations
Enclos	ed is a check for	the following amount:			
	70.00 Filing Fee	\$78.75 Filing Fee Certificate of Sta	& [tus	\$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. CUSUMAND ASSOCIATES INC. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION." "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") PB HOUSE HONTERS (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) 2. NEW YORK
(State or country under the law of which it is incorporated)
4. FEBRUARY 7. 2006
(Date of incorporation)

5. Per per per unil cease to exist or "perpetual") (Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) SHORE RD SUITE 2 GLOW COVE NY 11542
(Principal office address) 113 SHORERD SUITE 2 GUEN CONE NY 115 (Current mailing address) 8. CONDUCT REAL ESTATE BUSINESS IN NY + FL

(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) R. Cassian Anderson Name: GOO University Blvd Suite 101

Jupiter, FL , Florida 33458
(City) (Zip code) Office Address:

10. Registered agent's acceptance:

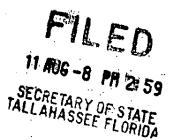
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(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:	FILED				
Chairman: LORA CUSUMAND	11 AUG -8 PH 2159				
Address: 113 SHORE RD SUITE 7					
GLED COVE NY IVSYL	- CIVION				
Vice Chairman:					
Address:					
Director:					
Address:					
Director:					
Address:					
Audicss.					
B. OFFICERS President: LORA CUSUMANIO					
Adding 113 SHORE P.D. SUITZ 7.					
Address: 113 SHORE RD SUITE Z GLEW COVE NY 11542					
Vice President:					
Address:					
	· · · · · · · · · · · · · · · · · · ·				
Secretary:					
Address:					
Treasurer:					
Address:					
NOTE: If necessary, you may attach an addendam to the application listing a	dditional officers and/or directors.				
13. Signature of Director or Officer					
The officer or director signing this document (and who is listed in number 12 are true and that he or she is aware that false information submitted in a document third degree felony as provided for in s.817.155, F.S.					
14. LORA CUSUMAND					
(Typed or printed name and capacity of person signing	g application)				

State of New York Department of State } ss:



I hereby certify, that the Certificate of Incorporation of CUSUMANO ASSOCIATES INC. was filed on 02/07/2006, 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 27th day of July two thousand and eleven.

First Deputy Secretary of State