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EXAMINER



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ACCOUNT NO. : I2000000195

REFERENCE :

061119

7843491

AUTHORIZATION (

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ORDER DA	ATE :	January 13, 2012
ORDER TI	IME :	9:14 AM
ORDER NO	. :	061119-020
CUSTOMER	R NO:	7843491

FOREIGN FILINGS

<u>xxxx</u>	QUALIFICATION	(TYPE: <u>L</u>

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

NAME: ROYAL BONITA ISLE LTD

CERTIFIED COPY PLAIN STAMPED COPY _ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Stephanie Milnes -- EXT# 2920

EXAMINER:



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

(If name unavai	lable in Florida, enter alternate cor	porate name adopted for the purpose of transacting business in Florida)
2. NJ		3
(State or country	under the law of which it is incorp	Operated) (FEI number, if applicable)
4. 1/2008		5. perpetual
(Dat	e of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")
6. 1/12/2012		
		ed business in Florida, if prior to registration) 501 & 607.1502, F.S., to determine penalty liability)
7. 6303 Blue La	goon Drive, Miami, FL 3312	.6
	(Ргілсір	al office address)
181 New Rd	Parsippany NJ 07054	
	(Current	mailing address)
a comporate man	nagement services	
8. Corporate man		
(Purpose)	s) of corporation authorized in bor	ne state or country to be carried out in state of Florida)
		ne state or country to be carried out in state of Florida) agent: (P.O. Box NOT acceptable)
9. Name and stre	et address of Florida registered	
9. Name and stre Name:	et address of Florida registered Harold Falter	agent: (P.O. Box NOT acceptable)
9. Name and stre Name:	Harold Falter 6303 Blue Lagoon Drive	
9. Name and stree Name: Office Address:	Harold Falter 6303 Blue Lagoon Drive Miami (City)	agent: (P.O. Box NOT acceptable)
9. Name and stre Name: Office Address: 10. Registered a	Harold Falter 6303 Blue Lagoon Drive Miami (City) gent's acceptance:	, Florida 33126 (Zip code)
9. Name and stre Name: Office Address: 10. Registered a Having been nam designated in this	Harold Falter 6303 Blue Lagoon Drive Miami (City) gent's acceptance: led us registered agent and to describe application, I hereby accept the	, Florida 33126 (Zip code) accept service of process for the above stated corporation at the place the appointment as registered agent and agree to act in this capacity.
9. Name and stre Name: Office Address: 10. Registered a Having been nam designated in this further agree to a	Harold Falter 6303 Blue Lagoon Drive Miami (City) gent's acceptance: and us registered agent and to a supplication, I hereby accept the omply with the provisions of an	Agent: (P.O. Box NOT acceptable) , Florida 33126 (Zip code) Accept service of process for the above stated corporation at the place the appointment as registered agent and agree to act in this capacity. It statutes relative to the proper and complete performance of my duti
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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: A. DIRECTORS Chairman: Courtney K Fly Address: 181 New Rd, Suite 304 Parsippany, NJ 07054 Vice Chairman: Address: ___ Director: Address: _ Director: _ **B. OFFICERS** President: _ Address: _ Vice President: ___ Address: Secretary: Donald J Kohut Address: 181 New Rd, Suite 304, Parsippany, NJ 07054 Treasurer: Address: NOTE/ Kingcessary, you may attach an addendum to the application listing additional officers and/or directors. 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 \$.817.155, F.S. 14. Courtney K Fly

(Typed or printed name and capacity of person signing application)

STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY SHORT FORM STANDING

ROYALE BONITA ISLE, LTD.

0100988445

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Profit Corporation was registered by this office on January 15, 2008.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and registered office are:

Spiegel & Utrera P A 642 Broad Street Suite 2 Clifton, NJ 07013 0000



Certification# 122724174

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 13th day of January, 2012

Andrew P Sidamon-Eristoff State Treasurer

Verify this certificate at https://wwwl.state.nj.us/TYTR_StandingCert/JSP/Verify Cert.jsp