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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:				
Special institutions to riving Officer.				





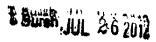
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SECRETARY OF SIGN



COVER LETTER

TO:	New Filing Secondinian Division of Cor			
SUBJ	ест : <u>С;У</u> у	Village Invest	ment + MANAGE mation - must include suffix	ent Co., Inc.
Dear S	ir or Madam:			
"Certif	icate of Existence		for Authorization to Transact Standing" and check are subn siness in Florida.	
Please	return all corresp	ondence concerning this m	atter to the following:	
	Ho	WARD TRE	ATMAN	
	1	WARD TRe	e of Person	
	c/0	HARVEST	FA WITIES	TNC.
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	15	25 LOCUST	5. 5.	te 1301
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6	ota h	ARVESTEG 1	ate and Zip code	2 M
'	,	E-mail address: (to be us	sed for future annual report no	otification)
For fur	ther information	concerning this matter, plea	ase call:	
Ho	NWARD TX	PeAtMAN at (2)	15, 190-15	02 or
Ro	Name of Person	Milano at Co	15 190 - 15 rea Code & Daytime Telepho 215) 790 - 15	ne Number
	STREET/COU New Filing Sect Division of Con Clifton Building 2661 Executive Tallahassee, FL	oorations Center Circle	MAILING AD New Filing Sec Division of Cor P.O. Box 6327 Tallahassee, FL	tion porations
Enclose	ed is a check for t	he following amount:		
□ \$7	0.00 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. City Village Investment & MANAGEMENT CO., INC.	
(Enter name of corpetation; 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. DELAWARE (State or country under the law of which it is incorporated) 3. 23-2789867 (FEI number, if applicable)	
4. 1/-/4-1994 5. Perpetual (Date of incorporation) [Duration: Year corp. will cease to exist or "perpetual")	
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")	
6. APPROX. DATE: 7-31-2012	
(Date first transacted business in Florida, if prior to registration)	
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)	
7. 203 NE FRONT 31., STE 101, MILTORD, DE 19963	
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. 203 NE FRONT ST., STE 101, M; LFORD, DE 19963 (Principal office address) (Principal office address) (Current mailing address) (Current mailing address)	
(Current mailing address)	
REAL ESTATE INVESTMENT	
(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: EDWIN F BLANTON	
Office Address: 810 THOMASVILLE ROAD	
TALLAHASSEE , Florida 32303	
(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 dutie	c.
and I am familiar with and accept the obligations of my position as registered agent.	-,

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.

(Registered agent's eignature)

12. Names and business addresses of officers and/or directors:	Zø ≠
A. DIRECTORS	2 J
Chairman:	
Address:	A R D
Vice Chairman:	8 G
Address:	
And the state of t	
Director: HOWARD P. TREATMAN	
Address: 1525 LOCUST St. S4, TE 1301	
Philadelphia PA 19102	
Director:	
Address:	Q
B. OFFICERS President: HOWARD P. TREATMAN	
Address: 1525 LOCUST St. Sq. ye	1301
Philadelphia PA 19102	
Vice President:	9
Address:	
Secretary: HOWARD P. TREATMAN	
Address: SAME AS ABOVE	
Treasurer: HOWARD Y. TREATMAN	
Address: SAME AS ABOVE	
NOTE: If necessary, you may attach an addendum to the application listing additional officers and	d/or directors.
13. (X) /h./	
Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affirms that the	ne facts stated herein
are true and that he or she is aware that false information submitted in a document to the Department	nt of State constitutes a
third degree felony as provided for in s.817.155, F.S. 14. HOWARD P. TREATMAN DIRECTOR	u Ofc.
(Typed or printed name and capacity of person signing application)	

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "CITY VILLAGE INVESTMENT &

MANAGEMENT CO., INC." IS DULY INCORPORATED UNDER THE LAWS OF THE

STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL

CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW,

AS OF THE TWENTIETH DAY OF JULY, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CITY VILLAGE INVESTMENT & MANAGEMENT CO., INC." WAS INCORPORATED ON THE FOURTEENTH DAY OF NOVEMBER, A.D. 1994.

2 JUL 25 PM L: 06 ECRETARY OF STATE JI AHASSEE, FI DOM

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AUTHENTICATION: 9725109

DATE: 07-20-12

You may verify this certificate online at corp.delaware.gov/authver.shtml