500006093 TO: Qualification/Tax Lien Section **Division of Corporations** CMA NOEL, LTD (Name of corporation - must include suffi SUBJECT: Dear Sir or Madam: The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida. 95 DEC Please return all correspondence concerning this matter to the following: Roy NONTILLUF PH 12: 3-(Name of Person) Roy (AA) NONTHRUP (Firm/Company) STE BATTERLY PLACE (Address) 1707 Yaric Ny (City/State/Zip) NEW 10004 100001660121 -12/12/95--01033--005 \*\*\*\*\*\*70.00 \*\*\*\*\*70.00 Should you need to call someone concerning this matter, please call: ROY NONTHAUP at ( 112 ) 248 2700 (Name of Person) (Area Code & Daytime Telephone Number)

## **COURIER ADDRESS:**

Qualification/Tax Lien Sec. Division of Corporations 409 E. Gaines St Tallahassee, FL 32399

## **MAILING ADDRESS:**

Qualification/Tax Lien Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

## ATION 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:

CMA NOEL . LTD. INC 1: (Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.) NEW YORK 13- 363F645 2 (State or country under the law of which it is incorporated) FEI number, if applicable)  $\frac{10 - 31 - 91}{(Date of Incorporation)}$ terPETURE 5. (Duration: Year corp. will cease to exist or "perpetual") T б. 1995 (Date first transacted business in Florida, (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.) ષિષ JEMINOLE 7. 33480 ARBITTAGE 8

(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)

Name: LANOL 1mmr JEMINDLE AVE Office Address: 144 Prim Berch \_\_\_\_, Florida , 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.

Carol Martino

(egistered 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.

Address:   B. OFFICERS (Street address only- P. O. Box NOT acc. ptable)   President:   President:		man:	Chairman:
Address:   Vice Chairman:   Address:   Director:   Address:   Director:   Address:   Director:   Address:   B. OFFICERS (Street address only- P. O. Box NOT acc. ptable) President:   President:   President:   President:   President:   President:   President:   Vice President:   Mdress:   Vice President:   Mdress:   Vice President:   Mdress:   Vice President:   Mdress:   Mdress:   Mdress:		man:	Address: Vice Chairm Address: Director: Address: Director: Director:
Vice Chairman:		man:	Vice Chairm Address: Director: Address: Director:
Address:   Director:   Address:   Director:   Address:   B. OFFICERS (Street address only- P. O. Box NOT acc. ptable) President: President: President: President: President: President: Address: 99-60 65 A Rights 66 President: Nddress: 99-60 65 A Rights 99-60 65 A Rights 66 President: 66 President: 70 President: 71 President: 71 President: 72 President: 73 President: 74 Pre			Address: Director: Address: Director:
Director:			Director: Address: Director:
Address:   Director:   Address:   B. OFFICERS (Street address only- P. O. Box NOT acc. ptable)   President:   Presid			Address:  Director:
Director:			 Director:
Address:			
Address:			
B. OFFICERS (Street address only-P. O. Box NOT acc. ptable) President:			
President: <u>PETER MARTINO</u> Address: <u>99-60 65 RB</u> <u>REGO TALE NY 11374</u> Vice President: <u>NG</u> Address: <u>NG</u> Secretary: <u>ANOL MARTINO</u> Address: <u>144 SEMINOLE AVE</u>	Tees deble		
Address:     99-60 65 k RJ       REGO BACK     NY 11374       Vice President:     NG       Address:     NG       Secretary:     Anor       Address:     NATINO       Address:     NATINO	L accupiablej	ERS (Street address only- P. O.	. OFFICE
Address:     99-60     65 h     Ris       REGO TALE     NY     11374       Vice President:			
Vice President:		99-60 65th	ddress:
Vice President:	11374	REGO BUE N	
Address:		ent:	ce President
Secretary: CATOL MANTINO ALE ER Address: 144 SEMINOLE AVE SRY			
Address: 144 SEMINOLE AVE MX F	LCT 95		· · ·
Address: 144 SEMINOLE AVE MX F	HE C	CATOL MATTINO	cretary:
	SEX 4		ldress:
	+60 77 2 5		
reasurer:			easurer:

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

13/K

14.

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

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

## State of New York Department of State

I hereby certify, that the certificate of incorporation of CNA NOEL, LTD. was filed on 10/31/1991, with perpetual duration, and that I have made a diligent examination of the index of corporation papers filed in this Department for a certificate, order, or record of a dissolution, and upon such examination, I find no such certificate, order or record, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation.

SS:

Witness my hand and the official seal of the Department of State at the City of Albany, this 28th day of Novembe: one thousand nine hundred and

95 DEC 14 PH12: 38

Ninsty five. NE112 F. reachall Ś tanio ★ DER

199511290317

3