TO: Qualification/Tax Lien Section Division of Corporations	
SUBJECT: Naumi Bergu. Inc. (Name of corporation - must include suffix)	
(Hanto of corporation - main that are	
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.	
Please return all correspondence concerning this matter to the following:	
Nation, Berger 00001978880— (Name of Person) -10/17/9601066007	1
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(Firm/Company)	
4700 dw 27 and 910/18	"; ;;
S 59	
Bow Daton FL 33434 B	
(City/State/Zip)	31. 19
PI BOF S	7
Should you need to call someone concerning this matter, please call:	
Naomi Berger at (561) 988-9470	
(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

October 15th, 1996

Florida Department Of State Division Of Corporation P.O.Box 6327 Tallahassee, FL. 32314

Dear Sir/Madam:

Enclosed please find the documentation you have requested pursuant to section 607.1503(1). I am also enclosing a check of the amount of \$122.50 as per your instructions.

I would appreciate a speedy processing in this matter so that I can begin working in Florida.

Thank you for your consideration of this request.

Sincerely,

Jaan B

Naomi Berger

Boca Baton FL 37434

95 OCT 17 PM 2: 20

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.	(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.)
2,	(State or country under the law of which it is incorporated) (FEI number, if applicable)
4.	(Date of Incorporation) 5. Will confirme - Move to FC. (Duration: Year corp. will cease to exist of "perpetual")
5.	(Date first transacted business in Florida. (SEB SECTIONS 607,1501, 607,1502, AND 817,135, F.S.)
<i>,</i> .	4700 HW O7ave Boca Rator FC 33434 B E Current mailing address)
3.	(Current mailing address) (Current mailing address) (Current mailing address) (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Floriday
€.	Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
	Name: dawni Berger
	Office Address: 4700 dw 27 am
	Office Address: 4700 dw 27 am Boca Raton , Florida, 33434 (Zip Code)
10	Registered agent's acceptance: (Zip Code)
co. reg all	aving been named as registered agent and to accept service of process for the above stated rporation at the place designated in this application, I hereby accept the appointment as gistered agent and agree to act in this capacity. I further agree to comply with the provisions of statutes relative to the proper and complete performance of my duties, and I am familiar with d accept the obligations of my position as registered agent. (Registered agent's signature)
l 1	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 addresses of officers and/or directors: (Street address ONLY-P. O. Box NOT acceptable) A. DIRECTORS (Street address only-P.O. Box NOT acceptable) Chairman: Address: ____ FL 33434 Vice Chairman: _ Address: _____ 33134 Director: _ Address: __ Director: Address: __ Boca Ratin EL. 33434 B. OFFICERS (Street address only-P.O. Box NOT acceptable) President: Address: _____ m FL 33434 Vice President: Address: Secretary: ___ Address: ____ Treasurer: _____ Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) BERGER

(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 NAOMI BERGER INC. was filed on 12/15/1995, with perpetual duration, and that a diligent examination has been made of the index of corporation papers filed in 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 a subsisting corporation.

STA

Witness my hand and the official seal of the Department of State at the City of Albany, this 07th day of October one thousand nine hundred and

sty Secretary of State

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