F96000005606

Should you need to call someone concerning this matter, please call:

Mary Teresa Mulder
(Name of Person)

at (212) 661-9177 (Area Code & Daytime Telephone Number)

COURIER ADDRESS:

TO:

Qualification/Tax Lien Section Division of Corporations

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

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. | Emax Advisors, Inc. | |
|-------------------------------------|--|--|
| | Emax Advisors, Inc. (Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" words or abbreviations of like import in language as will clearly indicate that it is a corporation instead on natural person or partnership if not so contained in the name at present.) | or a le |
| 2. | New York 3. 13-3545203 (State or country under the law of which it is incorporated) (FEI number, if applicable) | |
| 4. | 11/02/89 5. Perpetual (Date of Incorporation) (Duration: Year corp. will cease to exist "perpetual") | or |
| 6. | Onte first transacted butters in Florida (Section | |
| 7. | Emax Advisors, Inc. | 36 J |
| | Emax Advisors, Inc. 11 East 44th Street, Suite 1600 (Current mailing address) NY, NY 10017 Financial Advisory Services (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida) | OF OCT 28 PH 1: |
| | NY, NY 10017 | - P1 |
| 8 | (Burnote(s) of correction Financial Advisory Services | |
| , | acceptable) | iot S |
| | Name: Mary B. Knauer | |
| | Office Address: 1301 Riverplace Blvd., Suite 2216 | |
| | Jacksonville , Florida , 32207 Registered agent's accentances (Zip Code) | |
| 10. | Registered agent's acceptance: (Zip Code) | |
| Hav corp regi all : and | ving been named as registered agent and to accept service of process for the abor- poration at the place designated in this application, I hereby accept the appoint istered agent and agree to act in this capacity. I further agree to comply with the prov- statutes relative to the proper and complete performance of my duties, and I am fami accept the obligations of my position as registered agent. | ve stated tment as visions of liar with |
| | (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 | |

| 12. | Names and addresses of officers a NOT acceptable) | or directors: (Stree | t address ONLY- P. C |). Box |
|-----|---|----------------------|----------------------|--------|
|-----|---|----------------------|----------------------|--------|

| Chairman: | Audrey McGuire | |
|---|--|------------|
| | 11 East 44th Street, Suite 1600 | |
| | New York, NY 10017 | |
| Director Wee Chairman: | - Robert James | |
| | 11 East 44th St., Suite 1700 | |
| | New York, NY 10017 | |
| | Susan Green | |
| Address: | 11 East 44th Street, Suite 1700 | _ |
| | New York, NY 10017 | |
| Director: | Bonnie Englebardt | |
| Address: | 11 Fast 44th St., Suite 1700 | |
| | New York, NY 10017 | |
| B. OFFICERS (Se | reet address only- P. O. Box NOT acceptable) | L. |
| President: | Audrey McGuire | Jo 95 |
| Address: | 11 East 44th Street, Suite 1600 | 20 |
| • | New York, NY 10017 | <u></u> |
| Vice President: | Ari Hirt | <u></u> |
| | 11 East 44th St., Suite 1600 | |
| | New York, NY 10017 | _ |
| Secretary: | Audrey McGuire | |
| Address: | 11 East 44th Street, Suite 1600 | |
| | New York, NY 10017 | |
| Treasurer: | Audrey McGuire | _ |
| Address: | 11 East 44th St., Suite 1600 | _ |
| | New York, NY 10017 | |
| NOTE: If necessary officers and/or direct | y, you may attach an addendum to the application listing additional tors. | - - |
| 13. Signature of C | (1) (1) (1) Chairman, Or any officer listed in number 12 of the application) | _ |
| 14 | Audrey McGuire yped 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 EMAX ADVISORS, INC. was filed on 11/02/1989, under the name of EMAX HOLDINGS, INC., 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.

A Certificate of Amendment EMAX HOLDINGS, INC., changing name to EMAX ADVISORS, INC., was filed 04/15/1992.

The Corporation Biennial Statement is past due.

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DER!

Witness my hand and the official seal of the Department of State at the City of Albany, this 15th day of October one thousand nine hundred and

MENT OF Special Deputy Secretary of State

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