# F9600000 6500

**Division of Corporations** Pipe Dream. Inc.
(Name of corporation - must include suffix) 700001979437--2 -10/18/96--01014--002 Dear Sir or Madam: \*\*\*\*\*70.00 \*\*\*\*\*70.00 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: Jacky Benmoha (Name of Person) Pipe Dream, Inc. (Firm/Company) 40 Venture Court (Address) Old Bridge, NJ 08857 (City/State/Zip) Should you need to call someone concerning this matter, please call: William E. Flynn, Esq. 908 1 679-1221 (Area Code & Daytime Telep (Name of Person)

### **COURIER ADDRESS:**

TO:

Qualification/lax Lien Section

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

#### **MAILING ADDRESS:**

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



## FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

October 17, 1998

JACKY BENMOHA PIPE DREAM, INC. 40 VENTURA CT OLD BRIDGE, NJ 08857

SUBJECT: PIPE DREAM, INC. Ref. Number: W96000022170

We have received your document for PIPE DREAM, INC. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

The entity name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved entity. Names of administratively dissolved entities are not available for one year from the date of administrative dissolution unless the dissolved entity provides the Department of State with a notarized affidavit executed as required by section 607.0120, 617.01201, 608.5135 or 608.4482 Florida Statutes, permitting the immediate assumption or use of the name by another entity.

Simply adding "of Florida" or "Florida" to the end of a name does not constitute a difference.

When the document is resubmitted, please return a copy of this letter to ensure proper handling.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the CORPORATE SPECIALIST indicated.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6092.

Letter Number: 196A00047781

Hart Collins Senior Corporate Section Administrator

### RESOLUTION OF BOARD OF DIRECTORS

(Please print or type)

I, the undersigned	JACKY	BE	HOMN	<u> </u>	_, do hereby cent	lfy
that this Resolution of		-				
		(Corporate N	lame)			
a corporation duly org	ganized and existing	under the lav	ws of the State	or_N_	<u>τ</u>	<b></b> •
was duly adopted on	NOVE	1BER	25		. 19 <u>96</u>	<b> •</b>
Be it resolved, that _				,		<b></b> •
organized and existin					by adopts the nai	me
PIPE	DREAM	SOFT	WARE	INC.	_ for use in Flori	i <b>da.</b>
				•		
Dated:	/96				<b>8</b>	SECI SECI
			4			
	Signature of title	r Chairman, Vi	ce Chairman or an	y officer	<b>골</b>	POP ST
	Tooley	REI	ULTOHA		: ::	SKOLL STOKE

### 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:

	Pipe Dream, Inc.				• •	
	(Name of corporation: must include the word "INCOR words or abbreviations of like import in language as w	PORATI	ED", "COMPANY", "C	URPORATIO	N" or	-
	natural person or partnership if not so contained in the	name at	y indicale inat it is a cor present.)	poration inste	a 10 DA	4.4
			•			
2.	New Jersoy	3.	pending			
	(State or country under the law of which it is incorpora	ıted) 🗀	( FEI number, if	applicable)		
4.	July 31, 1996	5	perpetual			
	July 31, 1996 (Date of Incorporation)		perpetual (Duration: Year corp. "perpetual")	will cease to	exist or	-
			"perpetual")			
	August 15, 1996					
6.	(Date first transacted business in Florent, (SEE SEC			445 44 TES		
	(ryate that nausacied onsides in Libitity (288 250	HON2 OU	7.1301, 607.1302, AND	817,155, F.S	) <del>)</del>	<b>₹</b> ,,
7.	16610 Temple Boulevard					22
	tauchanahan Et 22/70					5 <u></u>
	Loxahatchee, FL 33470				<b>~</b> 2	220
	(Current m	ailing ack	iress)		<u> </u>	15 <u>0</u>
					S	ြို့
8.	software development corporation		•		0 5	
	software development corporation (Purpose(s) of corporation authorized in home state of	COURTE		state of Class	<del></del>	5
		n connuy	to be carried out in the	same of Ligh	ica) 🐱	
			the second secon	100		
	Name and street address of Florida register acceptable)		the second secon	100		
	Name and street address of Florida register		the second secon	100		
	Name and street address of Florida register	red age	nt: (P.O. Box or M	100		
	Name and street address of Florida register acceptable)	red age	nt: (P.O. Box or M	100		
	Name and street address of Florida register acceptable)  Name: Jeffrey Ice	red age	nt: (P.O. Box or M	100		
	Name and street address of Florida register acceptable)	red age	nt: (P.O. Box or M	100		
	Name and street address of Florida register acceptable)  Name: Jeffrey Ice  Office Address: 16610 Temple E	red age	nt: (P.O. Box or M	ail Drop B	ox <u>NOT</u>	
9.	Name and street address of Florida register acceptable)  Name: Jeffrey Ice  Office Address: 16610 Temple F	red age	nt: (P.O. Box or M	ail Drop B	ox <u>NOT</u>	
9.	Name and street address of Florida register acceptable)  Name: Jeffrey Ice  Office Address: 16610 Temple E	red age	nt: (P.O. Box or M	ail Drop B	ox <u>NOT</u>	
9. 10	Name and street address of Florida register acceptable)  Name: Jeffrey Ice  Office Address: 16610 Temple E  Loxabatchee  Registered agent's acceptance:	couleva	rt (P.O. Box or M	33470 (Zip Coo	de)	
9.	Name and street address of Florida register acceptable)  Name: Jeffrey Ice  Office Address: 16610 Temple E  Loxahatchee  Registered agent's acceptance:  aving been named as registered agent and transportation at the place designated in this contact.	o accep	rt: (P.O. Box or M	33470  (Zip Coo	de)	tated
9, 10	Name and street address of Florida register acceptable)  Name: Jeffrey Ice  Office Address: 16610 Temple E  Loxahatchee  Registered agent's acceptance:  aving been named as registered agent and transportation at the place designated in this contact.	o accep	rt: (P.O. Box or M	33470  (Zip Coo	de)	tated
9.  10  Hacorer	Name and street address of Florida register acceptable)  Name: Jeffrey Ice  Office Address: 16610 Temple E  Loxahatchee  Registered agent's acceptance:  aving been named as registered agent and to report and the place designated in this capacity is statutes relative to the proper and complete to the proper and complete.	o acceptor	ort: (P.O. Box or Marce of procession, I hereby acceptance of my duties	33470  (Zip Coo	de)	tated
9.  10  Hacorer	Name and street address of Florida register acceptable)  Name: Jeffrey Ice  Office Address: 16610 Temple E  Loxahatchee  Registered agent's acceptance:  aving been named as registered agent and transportation at the place designated in this contact.	o acceptor	ort: (P.O. Box or Marce of procession, I hereby acceptance of my duties	33470  (Zip Coo	de)	tated
9.  10  Hacorer	Name and street address of Florida register acceptable)  Name: Jeffrey Ice  Office Address: 16610 Temple E  Loxahatchee  Loxahatchee  Registered agent's acceptance:  aving been named as registered agent and treporation at the place designated in this agistered agent and agree to act in this capacity statutes relative to the proper and complete d accept the obligations of my position as registered agent and agree to act in this capacity statutes relative to the proper and complete d accept the obligations of my position as registered.	o acception of acc	ot service of proceion, I hereby accuther agree to companies, gent.	33470  (Zip Coo	de)	tated
9.  10  Hacorer	Name and street address of Florida register acceptable)  Name: Jeffrey Ice  Office Address: 16610 Temple E  Loxahatchee  Loxahatchee  Registered agent's acceptance:  aving been named as registered agent and treporation at the place designated in this agistered agent and agree to act in this capacity statutes relative to the proper and complete d accept the obligations of my position as registered agent and agree to act in this capacity statutes relative to the proper and complete d accept the obligations of my position as registered.	o acception of acc	ot service of proceion, I hereby accuther agree to companies, gent.	33470  (Zip Coo	de)	tated
9.  Hacores all an	Name and street address of Florida register acceptable)  Name: Jeffrey Ice  Office Address: 16610 Temple E  Loxahatchee  Loxahatchee  Registered agent's acceptance:  aving been named as registered agent and treporation at the place designated in this agistered agent and agree to act in this capacity statutes relative to the proper and complete d accept the obligations of my position as registered agent and agree to act in this capacity and accept the obligations of my position as registered agent and accept the obligations of my position as registered agent and accept the obligations of my position as registered agent and accept the obligations of my position as registered agent and accept the obligations of my position as registered agent and accept the obligations of my position as registered accept the obligations of my position accept the o	o acception of the second of t	nt: (P.O. Box or Mard  The process of the process o	33470  33470  (Zip Coorse for the apply with the and I am	de)  above s pointmen provisio familiar	tated
9. Ha corres all an	Name and street address of Florida register acceptable)  Name: Jeffrey Ice  Office Address: 16610 Temple E  Loxahatchee  Loxahatchee  Registered agent's acceptance:  aving been named as registered agent and treporation at the place designated in this agistered agent and agree to act in this capacity statutes relative to the proper and complete d accept the obligations of my position as registered agent and agree to act in this capacity statutes relative to the proper and complete d accept the obligations of my position as registered.	o acception of State	rt: (P.O. Box or More than 9 to the service of procession, I hereby acceptance of my duties, gent.	33470  (Zip Coo  ss for the apply with the and I am	above s pointmen provisio familiar	tated

incorporated.

12. Names and addresses of officers and/or directors: (Street andress ONLY-P. O. Box NOT acceptable) A. DIRECTORS (Street address only- P. O. Box NOT acceptable) Chairman: Jacky Benmoha Address: 40 Vantura Court, Old Bridge, New Jersey 08857 Vice Chairman: Joffrey Ice Address: 16610 Temple Boulevard, Loxahatchee, FL 33470 Director: Address: \_\_\_\_\_ Director: \_\_\_\_\_ Address: \_\_\_\_ B. OFFICERS (Street address only- P. O. Box NOT acceptable) President: \_\_\_\_\_\_Jacky Benmohe 40 Ventura Court, Old Bridge, New Jersey 08857 Vice President: \_\_\_\_Jeffrey\_Ice Address: 16610 Temple Boulevard, Loxabatchee, FL 33470 William E. Flynn Secretary: Address: 18 Throckmorton Lane, Suite 209, Old Bridge, N.J. 08857 Treasurer: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 13. nature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) Jacky Benmoha - Chairman and President
(Typed or printed name and capacity of person signing application) 14.

#### NEW JERSEY SECRETARY OF STATE

PIPE DREAM INC.

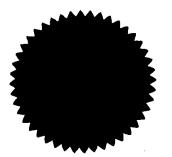
I, THE SECRETARY OF STATE OF THE STATE OF NEW JERSEY, DO HEREBY CERTIFY THAT THE RECORDS OF THIS OFFICE SHOW THAT THE CHARTER/AUTHORITY OF THE ABOVE-NAMED NJ BUSINESS WAS FILED IN THIS OFFICE ON JULY 31,1996.

I FURTHER CERTIFY, THAT SO FAR AS THE RECORDS OF THIS OFFICE SHOW, SAID BUSINESS HAS NOT BEEN DISSOLVED, CANCELLED, OR WITHDRAWN, NOR HAS ITS CHARTER/AUTHORITY BEEN VOIDED/REVOKED FOR NON-PAYMENT OF STATE TAXES BY PROCLAMATION. IT NOW CONTINUES TO MAINTAIN ACTIVE STATUS WITHIN THE STATE OF NEW JERSEY. AT THE TIME OF THE ISSUANCE OF THIS CERTIFICATE, ANNUAL REPORTS ARE CURRENT.

I FURTHER CERTIFY THAT THE LOCATION OF THE REGISTERED OFFICE IS

40 VENTURA CT OLD BRIDGE NJ 08057 AND THE REGISTERED AGENT IS JACKY BENMOHA.

SEP. 05,1396



Nonna R. Hooly

SECRETARY OF STATE DIVISION OF CORPORATIONS

96 DEC 12 PM 1: 03