F9600006807

TO; Qua Divi	lification/I sion of Co	'ax Lien Section rporations							
SUBJECT:	I.	KLEIN FELD (Name of	+	SON	"Inc.				
		(Name of	corpor	ation - must	include auffix)			
Dear Sir or	Madam:								
The enclosed Florida", "C foreign corp	d "Applica entificate o oration to	tion by Foreign (f Existence", and transact business	Corpo I chec I in Fl	ration for k are subs orida.	Authorizatinitted to reg	on to T jister th	ransact B o above i	lusiness in referenced	
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		8305 E	:, C 1	(Address)	wnuc				CONTROL FILE
•		Brooklyn	(Ci	NY ty/State/Zip)	112	-09		_	를 생유다
Should you n	end to online		:		•			78.0	o. r. a
		someone conce	ming	inis matte	r, pieas e cali	l:			
Michae	1 H	ORVATA Person)			at (18) 833	-1100	X 256
	(Name of)	Person)			(Area Co	ode & Da	ytime Tele	phone Numb	er)

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



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

December 11, 1998

MICHAEL HORVATH KLEINFELD 8202 FIFTH AVE. BROOKLYN, NY 11209

SUBJECT: 1. KLEINFELD & SON, INC.

Ref. Number: W96000025950

We have received your document for I. KLEINFELD & SON, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

A certificate of existence, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photography certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 487-6095.

Jennifer Sindt **Document Examiner**

Letter Number: 296A00055291

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. I Kleinfeld + Son, Inc		
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words 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.)	or	
2. Delaware (State or country under the law of which it is incorporated) 3. 11-3039587 (FEI number, if applicable)		
4. 17-16 90 (Date of Incorporation) 5. Perpetual (Duration: Year corp. will cease to exist or "perpetu	บัลโ ^ล โ	_
6. (Date first transacted business in Florida, (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.)		—
7. Kleinfeld		_
8202 F. FTh Ave Brooklyn NY 1120 (Current mailing address)	,9	_
8. Sale of Bridal gowns and accessorie (Purpose(s) of corporation authorized in home state or country to be carried out in the state of		
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)	vo.	<u> </u>
Name: MArilyn Silverman	330 96	SECRET VISION (
Office Address: 9700 COllins Ave	27 静	
	AH 8: 43	STATE
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 all statutes relative to the proper and complete performance of my duties, and I am familiar with	of	10)

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 signature)

and accept the obligations of my position as registered agent.

A. DIRECTORS (Street address only-P.O. Box NOT acceptable) Chairman: Michel Zelwik Address: 8202 Firth Hor Brooklyn NY, 11209 Vice Chairman: Address: 22 Control of Street address only-P.O. Box NOT acceptable) B. OFFICERS (Street address only-P.O. Box NOT acceptable) President: Michael Horundon Address: 8202 Firth Acc Brooklyn NY, 11209 Vice President: Address: 8202 Firth Acceptable) Secretary: Towy Kahan	12. Names a	and addresses of officers and/or directors: (Street address ONLY-P. O. Box	
Chairman: Michel Zelvik Address: \$202 Firth Ave Brooklyn MY. 11209 Vice Chairman: Address: Director: Construction Const	A. DIREC	TORS (Street address only- P. O . Box NOT acceptable)	
Vice Chairman: Address: Director: Address: B. OFFICERS (Street address only- P. O. Box NOT acceptable) President: Michael Horundo Address: Secretary: Secretary: Town Kahw		· · · · · · · · · · · · · · · · · · ·	
Vice Chairman: Address: Director: Address: B. OFFICERS (Street address only- P. O. Box NOT acceptable) President: Michael Horundo Address: Secretary: Secretary: Town Kahw	Address:	8202 FIFTH HUE Brooklyn NY. 11209	
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Director: Address: B. OFFICERS (Street address only- P. O. Box NOT acceptable) President: Michael Horundo Address: 8202 Fifth Ase Brooklyn NY. 1/209 Vice President: Address: Secretary: Towy Kahw			
B. OFFICERS (Street address only- P. O. Box NOT acceptable) President:		co	STA STA
President: Michael Horuston Address: 8202 Fifth Ace Brooklyn NY. 11209 Vice President: Address: Secretary: Town Kahu	Address:	# W	5 M
Secretary: _ Town Kahu	Address:	8202 Fifth Ave Brooklyn NY. 11209	
Address: SZOZ FFth Are Brooklyn NY. 1120	Address:		
Address: STOZ FIFTH AVE BrooklyNNY. 1120	Secretary: _	TONY KAHN	
	Address:	8202 Fifth the Brooklyn NY. 112	209
Treasurer:	Treasurer:		
Address:	Address:		
NOTE: If necessary, you may attach an addendum to the application listing additional 13.	([/]	La AANTITUS	
(Typed or printed name and capacity of person signing application)	14. X Mich	LARL HORVOHH UP 4 CFO	

State of Delaware

Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "I. KLEINFELD & SON, 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 EIGHTEENTH DAY OF DECEMBER, A.D. 1996.

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

DIVISION OF CORPORATIONS

96 DEC 27 AH 8: 43



Edward J. Freel. Secretary of State

AUTHENTICATION:

8248679

DATE:

12-18-96

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