F98000000058

CAPITOL SERVICES d/b/a
PARALEGAL & ATTORNEY SERVICE BUREAU, INC.

(Requestor's Name)
1406 Hays Street, Suite 2
(Address)
Tallahassee, FL 32301 (904) 656-3992
(City, State, Zip) (Phone #)

900002389279---8 -01/05/98--01008--008 *****122.50 *****122.50

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): Managemen (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) PIVISION OF CORPORATI | Certified Copy Pick up time Walk in Certificate of Status Photocopy Will wait Mail out **AMENDMENTS** NEW FILINGS Amendment Profit Resignation of R.A., Officer/Director NonProfit Change of Registered Agent Limited Liability Dissolution/Withdrawal Domestication Merger Other REGISTRATION/ OTHER FILINGS **OUALIFICATION** Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark Evaminar's Initials

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 "INCORPORAT words or abbreviations of like import in language as will clear natural person or partnership if not so contained in the name a	U indicata that it is a care	RPORATION" or or or a training instead of a	
2.	Delaware	13-3978583		
_,	(State or country under the law of which it is incorporated)	13-3978583 (FEI number, if ap	oplicable)	_
4.	November 14, 1997 5.	perpetual		
	(Date of Incorporation) 5.	(Duration: Year corp. wi "perpetual")	+	— 5
б.	upon qualification		98 JA	SECR IVISION
	(Date first transacted business in Florida, (SEE SECTIONS 6	07.1501, 607.1502, AND 81	17.155, F.S.)	
7.	855 Avenue of the Americas		ហ	CASC
	New York, New York 10001-4198		<u>ာ</u>	F STAT
	. (Current mailing ac	dress)		
8. ₋ 9.	To provide facilities management servi (Purpose(s) of corporation authorized in home state or countr Name and street address of Florida registered age acceptable)	y to be carried out in the st		<u>т</u>
	Name: United Corporate Service	s, Inc.		
	Office Address: 801 Northeast 167t	***************************************		
	North Miami Beach	, Florida ,	33162	
10.	Registered agent's acceptance:		(Zip Code)	•
eg ill	ving been named as registered agent and to accerporation at the place designated in this applical istered agent and agree to act in this capacity. I full statutes relative to the proper and complete perform accept the obligations of my position as registered to the proper and complete performs accept the obligations of my position as registered to the proper and the obligations of my position as registered to the proper and the obligations of my position as registered to the proper and the obligations of my position as registered to the proper and the obligations of my position as registered to the proper and the obligations of my position as registered to the proper and the obligations of my position as registered to the proper and the obligations of my position as registered to the proper and the proper	non, I hereby accept ther agree to comply nance of my duties a	t the appointm	ient as

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.

Michael A. Barr, President

A. DIRECTORS (Street address only- P. O . Box NOT acceptable) Chairman: Address: - SEE RIDER ATTACHED -Vice Chairman: Address: Director: Address: Director: Address: _____ B. OFFICERS (Street address only- P. O. Box NOT acceptable) President: Address: _____ - SEE RIDER ATTACHED -Vice President: Address: Address: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 13. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) 14. Stanley Katz, Chairman CEO (Typed or printed name and capacity of person signing application)

12. Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box -

NOT acceptable)

ARCHER MANAGEMENT SERVICES, INC.

RIDER

<u>OFFICERS</u>		e,	· · · · · · · · · · · · · · · · · · ·
STANLEY KATZ	PRES./CEO	050-26-4419	700 PARK AVENUE NEW YORK, NY 10021
JUDITH KATZ -	SEC.	062-30-1725	700 PARK AVENUE NEW YORK, NY 10021
ANDREW KATZ	V.P.	114-44-1391	200 E. 72nd. STREET #5M NEW YORK, NY 10021
WALTER BARANSKY	.V.P.	080=50-2208	1139 BRADFORD DRIVE POINT PLEASANT, NJ 08742
STEPHEN MACKAY	V.P	148-46-5149	280 REDMOND ROAD SOUTH ORANGE, NJ 07079
MITCHELL WEINER	V.P.	111-48-2867	26 FORTUNE LANE JERICHO, NY 11753
DIRECTORS		<u></u>	
ALL AS ABOVE		-	Filt-ED STATE OF CORPORATIO

State of Delaware

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Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ARCHER MANAGEMENT SERVICES, 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 TWENTY-NINTH DAY OF DECEMBER, A.D. 1997.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID ARCHER
MANAGEMENT SERVICES, INC." WAS INCORPORATED ON THE FOURTEENTH
DAY OF NOVEMBER, A.D. 1997.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

Edward J. Freel, Secretary of State

AUTHENTICATION:

8838976

971450554

2820878

DATE:

12-29-97