

ACCOUNT NO. : 072100000032

REFERENCE: 659302 4303796

AUTHORIZATION :

COST LIMIT :

W98-465

000002393470-6

ORDER DATE: January 6, 1998

ORDER TIME : 9:23 AM

ORDER NO. : 659302-005

CUSTOMER NO: 4303796

CUSTOMER: Amy B. Gottesmann, Legal Asst

Kirkland & Ellis

655 Fifteenth Street, N.w.

- Suite 1200

Washington, DC 20005

FOREIGN FILINGS

NAME: SB MGT. CORP.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

_____PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

F98-378

CONTACT PERSON: Andrew Cumper

FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Sandra B. Morthan Secretary of State

January 8, 1998

CSC

ATTN: ANDREW CUMPER

SUBJECT: SB MGT. CORP. Ref. Number: W98000000465



We have received your document(s) in this office, however, a copy of the document is being returned for the following:

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. 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 DOCUMENT 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 (850) 487-6958.

Lee Rivers Document Examiner

Letter Number: 198A00001056

TO STATE OF THE PROPERTY OF TH

SB MGT. CORP.

RESOLUTIONS OF BOARD OF DIRECTORS

I, the undersigned, <u>Thomas Byrne</u>, do hereby certify that this Resolution of the Board of Directors of **SB Mgt. Corp.**, a corporation duly organized and existing under the laws of the State of Delaware, was duly adopted on the date herein signed below.

NOW BE IT RESOLVED, that SB Mgt. Corp., organized and existing in the State of Delaware, hereby adopts the name, SRB Mgt. Corp., for use in Florida.

Dated: 1/25/98

Name: Thomas Byrn
Title: Vice Carily

28 JAN - 8 PHID: 11

P.B7'

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. <u>SB MGT CORP</u>		
(Name of corporation: must include the abbreviations of like import in language	word "INCORPORATED", "COMPAN's as will clearly indicate that it is a comp	", "CORPORATION" or words or poration instead of a natural person
or pertnership if not so contained in th	e name at present.	
Delaurace	a Analia	I Fx
2. Delaware (State or country under the law of whi	ch it is Incorporated) (FEI number,	if applicable)
4. <u>(1-19-97</u> (Date of Incorporation)	5. percetual	
(Date of Incorporation)	(Duration: Year corp. will	cease to exist or "perpetual")
6. Upon flung of Qui (Date first transacted besiness in Flori	elveration	36
_		, and 817.155, F.S.) S.M.
7. 350 S.E. 2 M	Street	
E. 1 1 0 -0.1-	rcoat	8 7
TON COURTAGIE,	FL 33301- (Current mailing address)	
8	1	PRATIAL PRATIA
Tingucial Lavetw	eart zed in home state or country to be care	_ Om
(* orbodolo) of corporator, additor,	see to neme state of county to be can	(led out in the state of Fithing)
9. Name and street address of Flo acceptable) Name:C		
9. Name and street address of Flo acceptable) Name:C	rida registered agent: (P.O. Box opporation Service Company 1201 Hays Street	or Maîl Drop Box <u>NOT</u>
9. Name and street address of Flo acceptable) Name:C	rida registered agent: (P.O. Box opporation Service Company 1201 Hays Street	
9. Name and street address of Flo acceptable) Name:C Office Address:	rida registered agent: (P.O. Box opporation Service Company 1201 Hays Street Tallahassee	or Maîl Drop Box <u>NOT</u>
9. Name and street address of Floacceptable) Name:C Office Address: 10. Registered agent's acceptated agent's acceptate agent as registered corporation at the place designate agent and agree to act of all statutes relative to the propositions of the obligations of the obligations of the obligations of the obligations of the proposition and accept the obligations of the proposition and accept the obligations of the proposition and accept the obligations of the propositions of the proposition and accept the obligations of the proposition and the proposition and the proposition accepts the proposition and the proposition accepts the	rida registered agent: (P.O. Box opporation Service Company 1201 Hays Street Tallahassee , agent and to accept service of ted in this application, I hereby in this capacity. I further agree for and complete performance of my position as registered agent.	Florida, 32301 (Zip Code) process for the above stated accept the appointment as to comply with the provisions finy duties, and I am familiar
9. Name and street address of Floacceptable) Name:C Office Address: 10. Registered agent's acceptated the place designate registered agent and agree to act of all statutes relative to the proposition at the obligations of Corporation Service.	rida registered agent: (P.O. Box opporation Service Company 1201 Hays Street Tallahassee , agent and to accept service of ted in this application, I hereby in this capacity. I further agree for and complete performance of my position as registered agent.	Florida, 32301 (Zip Code) process for the above stated accept the appointment as to comply with the provisions finy duties, and I am familiar
9. Name and street address of Floacceptable) Name:C Office Address: 10. Registered agent's acceptated agent's acceptated agent's acceptated agent and agree to act of all statutes relative to the proposition accept the obligations of Corporation Services.	rida registered agent: (P.O. Box opporation Service Company 1201 Hays Street Tallahassee , agent and to accept service of ted in this application, I hereby in this capacity. I further agree for and complete performance of my position as registered agent.	Florida, 32301 (Zip Code) process for the above stated accept the appointment as to comply with the provisions finy duties, and I am familiar

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.

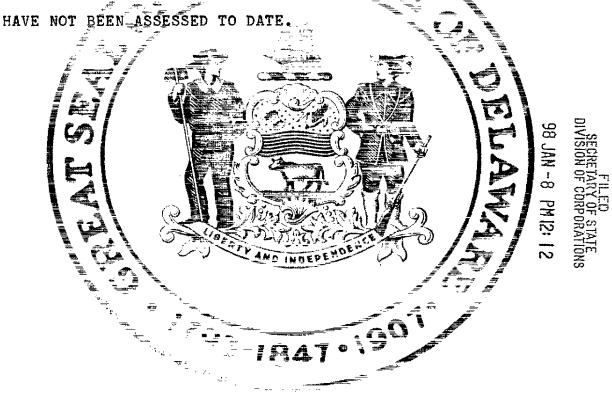
12. Names and addresses of officers and/or directors: (Street address ONLY- P.O. Box NOT acceptable)

A. DIRECTORS (Street address only-P.O.)	Box NOT acceptable)
Chairman: St-even R. Berrard	
Address: 110 5.E. 64 5H	eet
- Fort Louderdale, F1	33301
Vice Chairman: Thomas C. Byrn	e
Address: 350 SE. 214	Street
Fort Louderdale,	
Director:	
Address:	
Director:	36 J
Address:	JA STORE
	<u> </u>
B. OFFICERS (Street address only- P.O. Box	x NOT acceptable)
President: Steven K. Borrard	I2: STAF
Address: 110 SE Gt Street	(I)
_ Fort Lauderdale, F	
Vice President: Thomas C. Byrne	
Address: 350 SE 204 Stre	et
_ Fort Laudendale, F	L 3330 l
Secretary: Thomas Aucamp	
Address: 350 SE, 2 nd 57	reet :
Fort Lauderdale, Fi	_ 33301
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum and/or directors.	to the application listing additional officers
13.	
	, or any officer listed in number 12 of the application.)
14. Thomas Byrne Vke	Chavan
(Typed or printed na	me and capacity of person signing application)

State of Delaware Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SB MGT. CORP." 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 SEVENTH DAY OF JANUARY, A.D. 1998.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES





Edward J. Freel, Secretary of State

AUTHENTICATION:

8852282

981006123

2822688 8300

DATE:

01-07-98