F9800000 3542

TO: Qua	lification/Tax Lien Section
Div	ision of Corporations
SUBJECT:	Manhattan Employee Access Inc. (Name of corporation - must include suffix)
Dear Sir or	Madam:
Florida", "C	d "Application by Foreign Corporation for Authorization to Transact Business in Certificate of Existence", and check are submitted to register the above referenced coration to transact business in Florida.
Please retur	n all correspondence concerning this matter to the following:
	n all correspondence concerning this matter to the following: Mar U E. Adams (Name of Person)
	Manhattan Employee Access Inc
and the first	Manhattan Employee Access Inc (Firm/Company)
	10 East 39th Street, Suite 505
Ü	New York, NY 10016 (City/State/Zip)
	(City/State/Zip)
Should you	90002568289—0 -06/22/98—01112—003 ******70.00 ******70.00 need to call someone concerning this matter, please call:
	Mark E. Adams at (2/2) 683-3346 e of Person) (Area Code & Daytime Telephone Number)
(Nam	e of Person) (Area Code & Daytime Telephone Number)

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

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.	Manhattan Employee Access Inc.
	(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or 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.)
2.	New York (State or country under the law of which it is incorporated) (FEI number, if applicable)
4.	(Date of Incorporation) 5. Prepetual (Duration: Year corp. will cease to exist or
	(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6.	(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.)
7.	10 East 39th Street, Suite 505
	New York, NY 10016 (Current mailing address) Any Legal Business Purpose - Consulting (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
	(Current mailing address)
8.	Any Legal Business Purpose - Consulting
_	Any Legal Business Purpose - Consulting (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
(9.)	Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box Not acceptable)
	Name: Bari Gobman
	Office Address: 10242 N.W. 474h St., SUITE 15
	Sw(15-6 , Florida, 33351 (Zip Code)
<u>(10.</u>	Registered agent's acceptance: (Zip Code)
Har cor reg all	ving been named as registered agent and to accept service of process for the above stated poration at the place designated in this application, I hereby accept the appointment as istered agent and agree to act in this capacity. I further agree to comply with the provisions of statutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent.
	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 is incorporated.

12. Names and ac NOT accepts	ddresses of officers and/or directors: (Street address ONLY- P. O. Boable)	X.
A. DIRECTOR	S (Street address only- P. O . Box NOT acceptable)	
Chairman:	Mary E. Adams	
Address:	77-15 113th Street	
 	Forest Hills, NY 11375	
Vice Chairman: _	· · · · · · · · · · · · · · · · · · ·	
Address:		
Director:		
Address:	· · · · · · · · · · · · · · · · · · ·	
Director:	······································	
Address:		_
	Street address only- P. O. Box NOT acceptable) Mark E. Adams	
	77-15 113th Street	
	Forest Hills NY 11375	
	70.631 11.112 , 70 , 712.22	
	• • • • • • • • • • • • • • • • • • •	-
	f?	<u>ن</u> د
Secretary:		
Treasurer:	·	
Address:		
NOTE: If necessation of the contract of the co	ary, you may attach an addendum to the application listing additional ectors.	
13. F Man	K. A. Adams, Proceedings f Chairman, Vice Chairman, or any officer listed in number 12 of the application)	_
	k E. Adams, President + Chairman	

(Typed or printed name and capacity of person signing application)

State of New York Department of State | ss:

I hereby certify, that the certificate of incorporation of MANHATTAN EMPLOYEE ACCESS INC. was filed on 02/24/1998, 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.

Witness my hand and the official seal of the Department of State at the City of Albany, this 03rd day of June one thousand nine hundred and ninety-eight.

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