Requestor's Name 660 East Jeffer Address	rson Street		
Address			
Tallahassee, FI	32301		
City State Zi	p Phone		
CORPO	RATION(S) NAME		
	2		
Boxa Raton.	Inc.	8000026499 6	8
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CR2E031 (1-89)

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION 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	ocration: must include the word "INCOR	PORATED", "COMPANY", "CORPORATION", or will clearly indicate that it is a corporation instead of a			
natural person	or partnership if not so contained in the	e name at present.)			
Delawa	re , <u>.</u> .	3. Applied For			
(State or coun	re try under the law of which it is incorpor	ated) (FEI number, if applicable)			
Septem	ber 22, 1998 5.	Perpetual (Duration: Year corp. will cease to exist or "perpetual")			
4. September 22, 1998 (Date of incorporation) 5. Perpetual (Duration: Year corp. will cease to exist or "perpetual")					
	pproval of Application				
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, and 817.155, F.S.)					
/ ·	4 State Street				
A	lbany, NY 12207				
,	(Curre	ent mailing address)			
8. To serve	s as managing member of E	Soca Raton, LLC, which will own certain state or country to be carried out in the state of Florida)			
real pro	perty in Boca Raton, Flor	rida O Roy or Mail Drop Box NOT accentable)			
9. Name and st	treet address of Florida registered ag	ent: (P.O. Box or Mail Drop Box NOT accessable)			
Name:	C T CORPORATION SYSTEM	— 28 — 28 —			
Office Address:	1200 South Pine Island Road				
	Plantation	, Florida,			
-	agent acceptance:	7			
in this application in the comply with the	on. I hereby accept the appointment as reg provisions of all statutes relative to the pr bligation of my position as registered age	ON SYSTEM ROUTE WHITE TO THE STATE OF THE ST			

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) DIRECTORS (Street address only - P.O. Box NOT acceptable) A. Chairman: Address: ____ Vice Chairman: Address: _ Director: Carl Vercollone 30 Federal Street Address: Boston, MA 02109 Director: __ Address: _____ OFFICERS (Street address only - P.O. Box NOT acceptable) President: __Carl Vercollone__ 30 Federal Street Address: Boston, MA 02109 Vice President: Carl Vercollone Secretary: _ 30 Federal Street Address: _ Boston, MA 02109 Treasurer: Carl Vercollone 30 Federal Street Address: _ Boston, MA 02109 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) Carl Vercollone, President 14._ (Typed or printed name 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 "BOCA RATON, 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-SECOND DAY OF

SEPTEMBER, A.D. 1998.

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

Edward J. Freel, Secretary of State

AUTHENTICATION:

9314632

DATE:

09-22-98