## M5887 THE UNITED STATES **CORPORATION**

ACCOUNT NO. :

072100000032

REFERENCE

000099

AUTHORIZATION

COST LIMIT :

\$ 70.00

ORDER DATE: October 19, 1998

ORDER TIME :

9:30 AM

ORDER NO. : 000099-005

CUSTOMER NO: 163441A

CUSTOMER: Mal Chaifetz, ESQ

Chaifetz & Chaifetz

350 Fifth Avenue

Suite 6304

New York, NY

FOREIGN FILINGS

RECEIVED IN MINISTER

NAME: C.S. PLAZA CORP.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_ CERTIFIED COPY

PLAIN STAMPED COPY

\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea

600002669726--2

## 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	C.S. PLAZA CORP.  Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or bipreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person	<b></b>
	r partnership if not so contained in the name at present.	
2	Tennessee  3, 62-1560167 State or country under the law of which it is incorporated) (FEI number, if applicable)	-
4	December 2, 1993  5. Perpetual  (Date of Incorporation)  Cutathors 3 1000	<b>,</b>
6	October 1, 1998  Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.155, F.S.)	
フ	c/o Levitt Properties, 402-412 Route 23, Franklin, New Jersey 074	16
,	9 01	_
	(Current mailing address)	_
8	To engage in any lawful business	
	(Purposeis) or corporation authorized in home state or country to be carried out in the state of Floridal	-
9	Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box MOIL Service Company  Name: Corporation Service Company	
	Office Address: 1201 Hays Street	
	Tallahassee , Floride, 32301 (Zip Code)	
	. Registered agent's acceptance:	
Ci Fe a	ving been named as registered agent and to accept service of process for the above state poration at the place designated in this application, I hereby accept the appointment distered agent and agree to act in this capacity. I further agree to comply with the provisions statutes relative to the proper and complete performance of my duties, and I am familiar wild accept the obligations of my position as registered agent.  Corporation Service Company  By: Ville Media Usal VP	as of
	(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 addresses of officers and/or directors: (Street address ONLY- P.O. Box NOT acceptable)

A. 1	DIRECTORS	(Street	address	only-	P.O.	Box NOT	acceptable)
------	-----------	---------	---------	-------	------	---------	-------------

Chairman: _	MORTIMER LEVITT	·····						
Address: _	10 EAST 82ND STREET	<del></del>	<del> </del>					
·	NEW YORK, NEW YORK 10038							
Vice Chairm	n: ANNEMARIE LEVITT							
Address: _	10 EAST 82ND STREET							
_	NEW YORK, NEW YORK 10038							
Director:	ESTELLE RUBENSTEIN		<del></del>					
Address: _	215 EAST 68TH STREET							
	NEW YORK, NEW YORK 10024							
Director:								
Address: _			i					
. ***								
B. OFFICE	RS (Street address only- P.O. Box NOT acceptable)	9	밀					
President:	MORTIMER LEVITT	98 OCT	- 32 - 32					
Address: _	10 EAST 82ND STREET	722	<u> </u>					
	NEW YORK, NEW YORK 10038	7	300 331 331					
Vice Presider	ot: ANNEMARIE LEVITT	<u> </u>	OF STA					
Address: _	10 EAST 82ND STREET	ယ ထ	ATE					
<del>-</del>	NEW YORK, NEW YORK 10038	****	···					
Secretary: _	MALCOLM CHAIFETZ	·						
Address: _	350 FIFTH AVENUE, SUITE 6304		V					
_	NEW YORK, NEW YORK 10118		, · ·					
Treasurer:	ESTELLE RUBENSTEIN		<del></del>					
Address: _	215 EAST 68TH STREET		<u></u> ,					
_	NEW YORK, NEW YORK 10024							
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/edirectors.								
	Ma Oca Dougle Father		4					
13.	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the a	pplicatio						
4.0	MALCOLM CHAIFETZ/ SECRETARY							
14.	Change on reduced more and conscient of person signing antication)	<del></del>	*********					

Secretary of State **Corporations Section** James K. Polk Building, Suite 1800 Nashville, Tennessee 37243-0306

ISSUANCE DATE: 10/20/1998 REQUEST NUMBER: 98293104 TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 12/02/1993 STATUS: ACTIVE CORPORATE EXPIRATION DATE: PERPETUAL CONTROL NUMBER: 0272943 JURISDICTION: TENNESSEE

THE SEARCH IS ON PO BOX 120598

REQUESTED BY: THE SEARCH IS ON PO BOX 120598

NASHVILLE, TN 37212

NASHVILLE, TN 37212

## CERTIFICATE OF EXISTENCE

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT "C.S. PLAZA CORP."

IS A CORPORATION DULY INCORPORATED UNDER THE LAW OF THIS STATE WITH DATE OF INCORPORATION AND DURATION AS GIVEN ABOVE; THAT ALL FEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE EXISTENCE OF THE CORPORATION HAVE BEEN PAID; THAT THE MOST RECENT CORPORATION ANNUAL REPORT REQUIRED HAS BEEN FILED WITH THIS OFFICE; AND THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED; AND THAT ARTICLES OF TERMINATION OF CORPORATE EXISTENCE HAVE NOT BEEN FILED

FOR: REQUEST FOR CERTIFICATE

ON DATE: 10/20/98

RECEIVED:

\$140.00

\$0.00

TOTAL PAYMENT RECEIVED:

\$140.00

RECEIPT NUMBER: 00002377204 ACCOUNT NUMBER: 00000499



NASHVILLE, TN 37212-0000

TSIO (BOX 120598) P. O. BOX 120598

FROM:

RILEY C. DARNELL SECRETARY OF STATE