

Document Number Only

C T CORPORATION SYSTEM

660 East Jefferson Street

Requestor's Name

Tallahassee, Florida 32301

Address

(850) 222-1092

City

State

Zip

Phone

CORPORATION(S) NAME

700002701987--9
-12/03/98--01071--016
*****43.75 *****43.75

700002701987--9
-12/03/98--01071--017
*****43.75 *****35.00

Trigen Services of Florida

☒ Profit

☐ NonProfit

☐ Limited Liability Company

☒ Foreign

☐ Limited Partnership

☐ Reinstatement

☐ Limited Liability Partnership

☒ Certified Copy

☐ Call When Ready

☒ Walk In

☐ Mail Out

☐ Amendment

☐ Dissolution/Withdrawal

☐ Annual Report

☐ Fict. Filing

☐ Photo Copies

☐ Call if Problem

☐ Will Wait

☐ Merger

☐ Mark

☐ Other

☐ Change of P.A.

☐ UCC-1

☐ CUS

☐ After 4:30

☒ Pick Up

W98-27066
98 DEC -3 PM 2:57
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
12/3

Name
Availability

Document
Examiner

Updater

Verifier

Acknowledgment

W.P. Verifier

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Filed Stamp

Thanks, Melahie

DEC - 3 1998

CR2E031 (1-89)

**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. Trigen Services of Florida, 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. Delaware

(State or country under the law of which it is incorporated)

3. 13-4030998

(FEI number, if applicable)

4. October 23, 1998

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. upon qualification

(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, and 817.155, F.S.))

7. One Water Street, White Plains, New York 10601

(Current mailing address)

To engage in any lawful act or activity for which corporations may be organized under the General Corporation Law of Florida

8. (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: C T CORPORATION SYSTEM

Office Address: 1200 South Pine Island Road

Plantation, Florida, 33324
(Zip code)

10. Registered agent acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

C T CORPORATION SYSTEM

(Registered agent's signature)

Connie Bryan
Special Asst. Secretary

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.

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TALLAHASSEE FLORIDA

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: Thomas R. Casten

Address: One Water Street, White Plains, NY 10601

Vice Chairman:

Address:

Director: Jean M. Malahieude

Address: One Water Street, White Plains, NY 10601

Director:

Address:

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: Steven G. Smith

Address: One Water Street, White Plains, NY 10601

Vice President: Martin S. Stone

Address: One Water Street, White Plains, NY 10601

Secretary: Eugene E. Murphy

Address: One Water Street, White Plains, NY 10601

Treasurer: Stephen T. Ward

Address: One Water Street, White Plains, NY 10601

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Eugene E. Murphy
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Eugene E. Murphy, Secretary
(Typed or printed name and capacity of person signing application)

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TALLAHASSEE FLORIDA

State of Delaware
Office of the Secretary of State

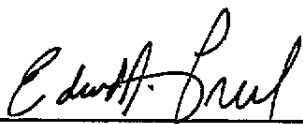
PAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TRIGEN SERVICES OF FLORIDA, 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 FIRST DAY OF DECEMBER, A.D. 1998.

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

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SECRETARY OF STATE
TALLAHASSEE FLORIDA




Edward J. Freel, Secretary of State

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AUTHENTICATION: 9430957

DATE: 12-01-98