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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

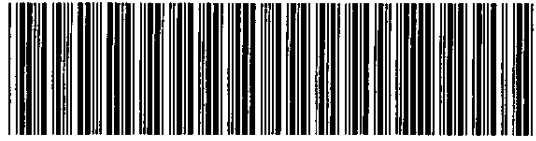
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

Law Offices of
MICHAEL E. ZAPIN

Florida Office

1446 NW Boca Raton Blvd.
Suite 103
Boca Raton, FL 33432
Tel. (561) 367-1444
Fax. (561) 367-1448

New York Office

2222 Richmond Avenue
2nd Floor
Staten Island, NY 10314
Tel. (718) 698-6026
Fax. (718) 504-4260

NOVEMBER 14, 2007

BY OVERNIGHT COURIER

Florida Dept. of State
Registration Section
Division of Corporations Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: **Silverman Sclar Shin & Byrne, PLLC**
Our File No. 20075199\419
Application for Authorization to Transact Business in Florida

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TALLAHASSEE, FLORIDA

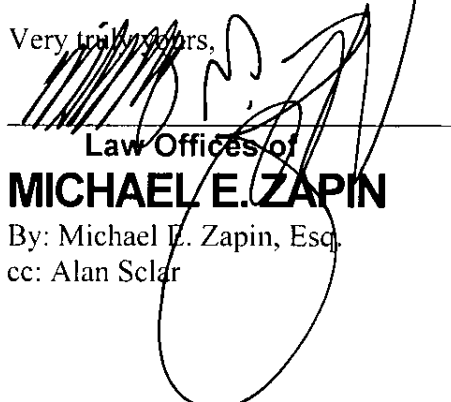
Dear Sir/Madam:

Enclosed please find the following items relative to the above PLLC's application to transact business in Florida:

1. completed cover letter
2. completed application for authorization
3. completed certificate of designation
4. proof from the PLLC's home state (NY) that the company is active and in good standing (we were advised by your offices the annexed printout from the NYS Dept. of State public website is sufficient proof)
5. check for \$125.00 payable Florida Dept. of State

Should you have any questions concerning the enclosures, please feel free to contact the undersigned.

Very truly yours,



Law Offices of
MICHAEL E. ZAPIN

By: Michael E. Zapin, Esq.
cc: Alan Sclar

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Silverman, Sclar, Shin & Byrne, PLLC
(Name of Limited Liability Company)

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

MICHAEL E. ZAPIN
(Name of Person)

Silverman, Sclar, Shin & Byrne, PLLC
(Firm/Company)

1446 NW Boca Raton Blvd., Suite 103,
(Address)

Boca Raton, FL 33432
(City/State and Zip Code)

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For further information concerning this matter, please call:

MICHAEL E. ZAPIN at (561) 367-1444
 (Name of Person) (Area Code & Daytime Telephone Number)

MAILING ADDRESS:
 Division of Corporations
 P.O. Box 6327
 Tallahassee, FL 32314

STREET ADDRESS:
 Division of Corporations
 Clifton Building
 2661 Executive Center Circle
 Tallahassee, FL 32301

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
 \$130.00 Filing Fee & Certificate of Status
 \$155.00 Filing Fee & Certified Copy
 \$160.00 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Silverman, Sclar, Shin & Byrne, PLLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")

2. NEW YORK 3. 5624321867
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. FEBRUARY 3, 2004 5. perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. N/A
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 1446 NW Boca Raton Blvd., Suite 103, Boca Raton, FL 33432
(Street Address of Principal Office)

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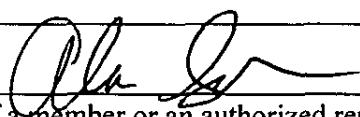
8. If limited liability company is a manager-managed company, check here

9. The name and usual business addresses of the managing members or managers are as follows:
NEW YORK: 381 Park Ave. South, 16th Fl., New York, NY

FLORIDA: 1446 NW Boca Raton Blvd., Suite 103, Boca Raton FL 33432

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: Law Firm


Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)
ALAN SCLAR
Typed or printed name of signee

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Silverman, Sclar, Shin & Byrne, PLLC

If name unavailable, the alternate name to be used in the state of Florida is:

2. The name and the Florida street address of the registered agent and office are:

Michael E. Zapin, Esq.

(Name)

1446 NW Boca Raton Blvd., Suite 103

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Boca Raton, FL 33432

FL

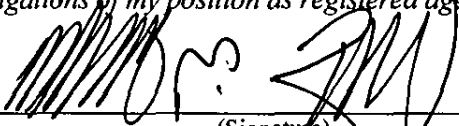
City/State/Zip

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Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.



(Signature)

MICHAEL E. ZAPIN

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)