

ACCOUNT NO. :

072100000032

REFERENCE: 795509

4369033

AUTHORIZATION

COST LIMIT

ORDER DATE : April 24, 1998

285.00

ORDER TIME : 1:30 PM

ORDER NO. : 795509-015

CUSTOMER NO: 4369033

CUSTOMER:

Stephen Delman, Esq

Stephen B. Delman, Esq. 505 8th Avenue/suite 300

New York, NY 10018

000002505690--4

#### FOREIGN FILINGS

NAME: ULTIMA TRIM, L.L.C.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_ CERTIFIED COPY

\_\_\_\_ PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Christopher Smith

#### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FUR 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.	Ultima Trim, LLC			
"L.	Name of foreign limited liability co C." if not so contained in the name	mpany must end with at present. Please not	the words "limited company" or their e: "L.L.C." is not an acceptable suffix i	abbreviation n Florida.)
2.	Delaware .	· . <del></del> ·	Application Pending	
(	(Jurisdiction under the law of which company is organized)	n foreign limited liabil	ity (FEI number, if applicable	e)
4.	April 24, 1998		5. Perpetual	
	(Date of Organiz	ztion)	(Duration: Year limited liability of cease to exist or "perpetual")	ompany will
6.	Expect to commence	e business o	on April 29, 1998 (See sections 608.501, 608.502, and 81	7 155 8 8 1
	(Date first transacte	a dusiness in Florica.	(See sections 508.301, 506,302, and 61	7,133, F.S.)
7.	2520	North Power	line Road, Suite 305	· · · · · · · · · · · · · · · · · · ·
	Pompa	ano Beach, E		
		(Street address of	principal office)	
. т	ist name, title, and business	MAGNADO CI GAGON IN		
ill i	manage the foreign limited lia  NAME & ADDRESS:	bility company in l	Florida: (attach additional page if NAME & ADDRESS:	necessary) TITLE:
ill 1	manage the foreign limited lia	bility company in l	Florida: (attach additional page if NAME & ADDRESS:	necessary)
ill ; U	manage the foreign limited lia	bility company in l	Florida: (attach additional page if NAME & ADDRESS:	necessary)
ill : 2	manage the foreign limited lia  NAME & ADDRESS:  T Management, Inc.	bility company in l	Florida: (attach additional page if NAME & ADDRESS:	necessary)
U 2 S	manage the foreign limited lia  NAME & ADDRESS:  T Management, Inc.  520 North Powerline	bility company in I  TITLE:  MGR  Rd.  (9)	Florida: (attach additional page if NAME & ADDRESS:	necessary)
u 2 S	nanage the foreign limited lia  NAME & ADDRESS:  T Management, Inc.  520 North Powerling  uite 305	bility company in I  TITLE:  MGR  Rd.  (9)	Florida: (attach additional page if NAME & ADDRESS:	necessary)
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vill : U 2	nanage the foreign limited lia  NAME & ADDRESS:  T Management, Inc.  520 North Powerling  uite 305	bility company in I  TITLE:  MGR  Rd.  (9)	Florida: (attach additional page if NAME & ADDRESS:	necessary)

## AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN

The undersigned member or authorized representative of a member of							
Ultima Trim, LLC	deposes and says:						
1) the above named limited liability company has at least two members							
2) the total amount of cash contributed by the member(s) is	s \$ <u>1,000</u>						
<ul> <li>3) if any, the agreed value of property other than cash cont</li> <li>\$</li></ul>	tributed by member(s) is sattached and made a part hereto.						
4) the total amount of cash or property anticipated to be contributed by member(s) is \$\\\\_1,000^{}\]. This total includes amounts from 2 and 3 above.							

UT MANAGEMENT, INC.

Signature of a member or authorized representative of a member.
(In accordance with section 608 408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

# 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, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the lim	nited liability company is:	Ultima Trim,	LLC
2. The name and addr	ress of the registered agen	t and office is:	
	Corporation Servi		
•	(Name)		_
	1201 Hays Street (P.O. Box not acce	ptable)	<u>-</u> .
	Tallahacsee, Flor		

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 appoint ment 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.

April 28, 1998
(Signature) (Date)

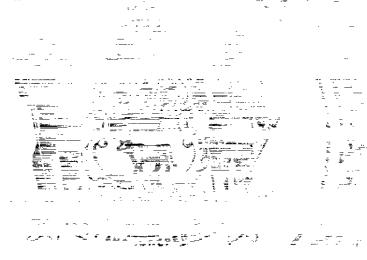
### State of Delaware

PAGE :

## Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ULTIMA TRIM, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-EIGHTH DAY OF APRIL, A.D. 1998.

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



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04-28-98

Edward J. Freel, Secretary of State

**AUTHENTICATION:** 

DATE: