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TRANSMITTAL LETTER

TO: QUALIFICATION/REGISTRATION SECTION DIVISION OF CORPORATIONS	-06/01/9801101002 ****215.00 ****215.00
SUBJECT: BOCA TETY (Name of corporation)	L.L.C.
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Florida", "Certificate of Existence", and check are suffereign corporation to transact business in Florida.	or Authorization to Transact Business in ibmitted to register the above referenced
Please return all correspondence concerning this matter Voeman Correspondence concerning this matter Voeman Correspondence concerning this matter Voeman Correspondence concerning this matter Voeman Correspondence (Name of Person) (Firm/Company) (Firm/Company) (Firm/Company) (Address) (Address) (City, State and Zip Code)	900002471959—4 -03/30/9801045001 ******70.00 ******70.00
Should you need to call someone concerning this mat	ter, please call:
(Name of Person) at (305) 8	285 - 1500 . PaytimeTelephone Number ASS 198

COURIER ADDRESS:

Qualification/Registration Sec. Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Registration Seg Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

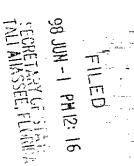


FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

March 31, 1998

NORMAN COHEN BOCA TERRY LLC 10051 NW 99TH AVE. MEDLEY, FL 33178

SUBJECT: BOCA TERRY L.L.C. Ref. Number: W98000007137



We have received your document for BOCA TERRY L.L.C. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The attached form must be completed in order to file the document.

The fees for a limited liability company breakdown as follows: \$250 filing fee, \$35 for designation of registered agent, \$52.50 for an optional certified copy, and \$8.75 for an optional certificate of status.

There is a balance due of \$215.00.

In reviewing our records, we note there is a(n), Document number, which was involuntarily or administratively dissolved.

Because of the similarities between the dissolved corporation and the one you are now seeking to have on file with us, and because it is our duty to assure that the provisions of the law are being met in a meaningful way, we must request an affidavit from you stating certain information.

Please complete these requirements within 60 days from the date of this letter pursuant to section 607.0123(3), Florida Statutes.

Should you have any questions, please telephone (904) 487-6052.

Sincerely, Division of Corporations

Letter Number: 298A00017114

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:

New Jersey	•	3.	22-3442916		
urisdiction under the law of which mpany is organized)	ch foreign limited liability		(FEI number,	if applica	ble)
March 1, 1996 (Date of Organizat	ion)	_ 5. (<u>C</u> ex	March 1, 201 puration: Year limited liab ist or "perpetual")		any will cease
January 1, 1998	·				
(Date first transact	ed business in Florida. (S	ee sectio	ns 608.501, 608.502, and	817.155, F	.55. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14.
Boca Terry, L.L.	C.				
103 East Arbor A	venue, Vineland	d, NJ	08360	- / 6	EASS.
	(Street addres	s of prin	cipal office)	į	
					GR]who
	ed liability company i			page if n	GR]who
Il manage the foreign limit	ed liability company i		da: (attach additional	page if no	GR]who
Norman Cohen 3487 Byron Lan	SS: TITLE: MGRM e		NAME & ADDRES Michael Cifalo 103 Arbor Aver	page if m S: oglio nue	GR]who ecessary) TITLE:
Il manage the foreign limit NAME & ADDRE Norman Cohen	SS: TITLE: MGRM e		da: (attach additional NAME & ADDRES Michael Cifalo	page if m S: oglio	GR]who ecessasy) TITLE:
NAME & ADDRE Norman Cohen 3487 Byron Lan Longboat Key,	ed liability company in the second se		NAME & ADDRES Michael Cifalo 103 Arbor Aver	page if m S: oglio nue	GR]who ecessary) TITLE:
NAME & ADDRE Norman Cohen 3487 Byron Lan Longboat Key, Edward Cohen 10051 N. W. 99	ed liability company in SS: TITLE: MGRM E FL 34228 MGRM th Avenue		NAME & ADDRES Michael Cifalo 103 Arbor Aver	page if m S: oglio nue	GR]who ecessary) TITLE:
NAME & ADDRE Norman Cohen 3487 Byron Lan Longboat Key,	ed liability company in SS: TITLE: MGRM E FL 34228 MGRM th Avenue		NAME & ADDRES Michael Cifalo 103 Arbor Aver	page if m S: oglio nue	GR]who ecessasy) TITLE:
NAME & ADDRE Norman Cohen 3487 Byron Lan Longboat Key, Edward Cohen 10051 N. W. 99 Medley, FL 33 Bruce Cohen	ed liability company in SS: TITLE: MGRM E FL 34228 MGRM th Avenue 178 MGRM		NAME & ADDRES Michael Cifalo 103 Arbor Aver	page if m S: oglio nue	GR]who ecessasy) TITLE:
NAME & ADDRE Norman Cohen 3487 Byron Lan Longboat Key, Edward Cohen 10051 N. W. 99 Medley, FL 33 Bruce Cohen 10051 N. W. 99	ed liability company in SS: TITLE: MGRM e FL 34228 MGRM th Avenue 178 MGRM th Avenue		NAME & ADDRES Michael Cifalo 103 Arbor Aver	page if m S: oglio nue	GR]who ecessasy) TITLE:
NAME & ADDRE Norman Cohen 3487 Byron Lan Longboat Key, Edward Cohen 10051 N. W. 99 Medley, FL 33 Bruce Cohen	ed liability company in SS: TITLE: MGRM e FL 34228 MGRM th Avenue 178 MGRM th Avenue		NAME & ADDRES Michael Cifalo 103 Arbor Aver	page if m S: oglio nue	GR]who ecessasy) TITLE:
NAME & ADDRE Norman Cohen 3487 Byron Lan Longboat Key, Edward Cohen 10051 N. W. 99 Medley, FL 33 Bruce Cohen 10051 N. W. 99	ed liability company in SS: TITLE: MGRM e FL 34228 MGRM th Avenue 178 MGRM th Avenue 178		NAME & ADDRES Michael Cifalo 103 Arbor Aver	page if m S: oglio nue	GR]who ecessasy) TITLE:

^{9.} Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the Secretary of State or the proper official having custody of records in the state 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.)

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 Lim	ited Liability Compar	ny is:				
вос	A TERRY , L.L.	с.				
2. The name and the Flo	orida street address of	the registered age	ent and office are:			
				三	9 9	
EDV	ARD COHEN					
		(Name)		SSAII ASS	<u> </u>	
100)51 N. W. 99th			(A) (E) (E)	PH	- -
	Florida street addres	ss (P.O. Box NOT A	CCEPTABLE)		12:	· · _ = -
Mod	iley		33178	2	σ	
- Mec	-	FL http://State/Zip	33170			

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.

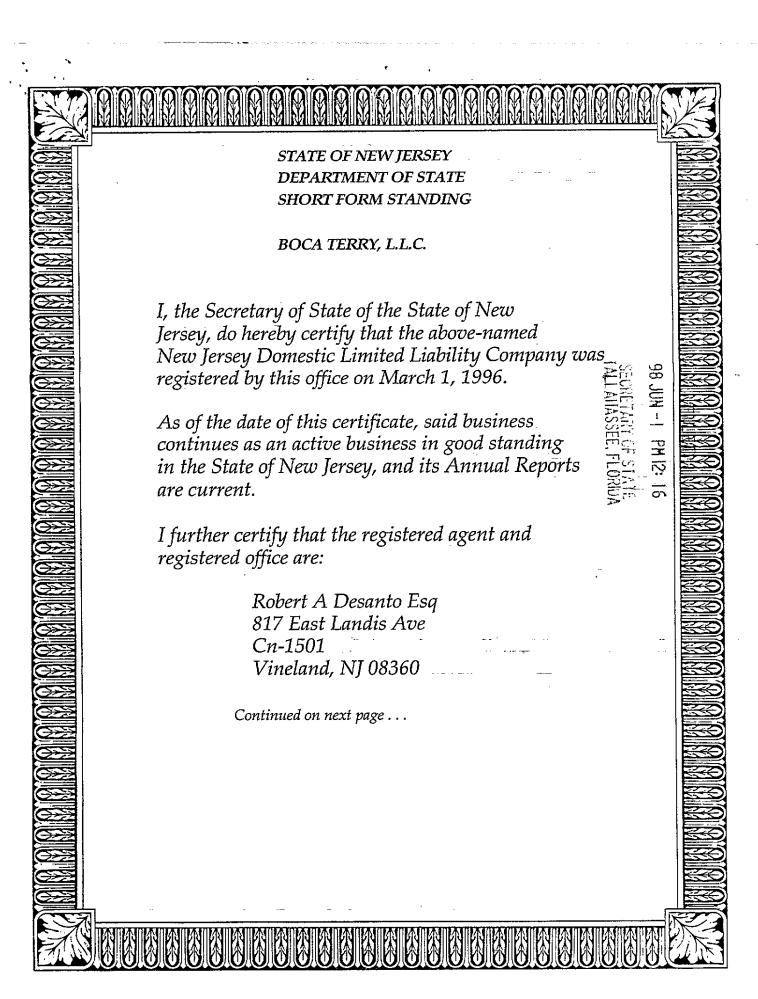
EC Signature)

Filing Fee: \$ 35 for Designation of Registered Agent

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

The undersigned member or authorized representative of a member of BOCA TERR	Ž, L.L.C.
certifies:	N T I
1) the above named limited liability company has at least two members;	PHIZ: 16
2) the total amount of cash contributed by the member(s) is	\$ 4,000 ;
3) if any, the agreed value of property other than cash contributed by member(s) is (A description of the property is attached and made a part hereto.) and	\$;
4) the total amount of cash and property contributed and anticipated to be contributed by member(s) is (This total includes amounts from 2 and 3 above.)	\$_4,000
Signature of a member or an authorized representative of a mem (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.)	ber.
Norman Cohen	
Typed or printed name of signee	

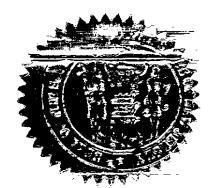
Filing Fee: \$250.00 for Application and Affidavit





STATE OF NEW JERSEY DEPARTMENT OF STATE SHORT FORM STANDING

BOCA TERRY, L.L.C.



IN TESTIMONY WHEREOF, I have

hereunto set my hand and affixed my Official Seal at Trenton, this
12th day of March, 1998

Home R Hools

LONNA R HOOKS

Secretary of State

SECRETARY SALL