



ACCOUNT	NO.	-	072100000032
		•	0,210000002

REFERENCE :

288455

4301683

AUTHORIZATION

COST LIMIT \$ 285.00

ORDER DATE : June 25, 1999

ORDER TIME : 10:11 AM 800002927128--7

ORDER NO. : 288455-005 -

CUSTOMER NO:

4301683

CUSTOMER: Mr. Daniel S. Rubin

Moses & Singer Llp

1301 Avenue Of The Americas

40th Floor

New York, NY 10019

FOREIGN FILINGS

NAME: SMART CRUISER LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

___ PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Angie Glisar



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

July 9, 1999

CSC

SUBJECT: SMART CRUISER LLC Ref. Number: W99000015813

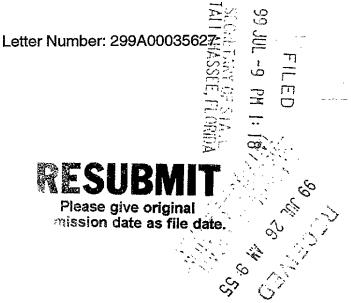
We have received your document for SMART CRUISER LLC and the authorization to debit your account in the amount of \$285.00. However, the document has not been filed and is being returned for the following:

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6043.

Shawn Logan Document Specialist



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.	SMART	CRUISER LLC					117 O 2 16
	(Name of forei	gn limited liability company the name at present.)			company" or the	ar abbreviati	on L.C. II not
2	Delaware	<u>.</u>		. Appli	ed (FEI number, if		
٠.,	(Jurisdiction ur company is org	der the law of which foreign	n limited liability		(FEI number, if	applicable)	
4.	June 2	1999	5	Perpe	etual		
ч.	June 2	(Date of Organization)		(Duration: exist or "po	Year limited liab erpetual")	oility compa	ny will cease to
6.	upo	on filing (Date first transacted busine	Elorido (See se	- ections 608 501	608 502 and 81	7.155. F.S.)	
		(Date first transacted busine	ss in Piorida. (See se	ections ode.501	1,000.502, 22.00	,	
7.		1334 Fairfax Ci	rcle East				
		Boynton Beach, F	L 33462	0 1 1 05-			
			(Street address of	principal office	=)		
8. I	List name ti	tle, and business addre	ss of each mana	aoino memb		r managei	IMOKIMIO
١	will manage	the foreign limited liab	oility company is	n Florida: (attach addition	nal page i	f necessary)
7	will manage	the foreign limited liab	TITLE:	n Florida: (attach addition	nai page i	f necessary) TITLE:
7	will manage	the foreign limited liab	TITLE:	n Florida: (attach additioi	nal page ii	i necessary)
1	will manage	the foreign limited liab	TITLE: Member	n Florida: (a NAM Lee 133	attach addition E & ADDRE A. Smolins 4 Fairfax C	nal page r SS: ki ircle Ea	TITLE: Manager
*	will manage	the foreign limited liab AME & ADDRESS: Smolinski Family	TITLE: Member	n Florida: (a NAM Lee 133	attach addition E & ADDRE	nal page r SS: ki ircle Ea	TITLE: Manager
7	will manage	the foreign limited liab AME & ADDRESS: Smolinski Family Partnership, L.P.	TITLE: Member cle East	n Florida: (a NAM Lee 133	attach addition E & ADDRE A. Smolins 4 Fairfax C	nal page r SS: ki ircle Ea	TITLE: Manager
,	will manage	the foreign limited liab AME & ADDRESS: Smolinski Family Partnership, L.P. 1334 Fairfax Circ	TITLE: Member cle East 33462	n Florida: (a NAM Lee 133 Boy Mi	A. Smolins 4 Fairfax C nton Beach,	nal page r SS: ki ircle Eas FL 334	TITLE: Manager st 62
,	will manage	the foreign limited liab AME & ADDRESS: Smolinski Family Partnership, L.P. 1334 Fairfax Circ Boynton Beach, FI	TITLE: Member cle East 33462	n Florida: (a	A. Smolinsl 4 Fairfax C nton Beach, chael Holtz	ss: ki ircle Eas FL 334 Street,	TITLE: Manager st 62 Manager 36-B
,	will manage	the foreign limited liab AME & ADDRESS: Smolinski Family Partnership, L.P. 1334 Fairfax Circ Boynton Beach, FI Holtz Family Part	TITLE: Member cle East 33462 tners, Member	n Florida: (a	A. Smolins 4 Fairfax C nton Beach,	ss: ki ircle Eas FL 334 Street,	TITLE: Manager st 62
,	will manage	the foreign limited liab AME & ADDRESS: Smolinski Family Partnership, L.P. 1334 Fairfax Circ Boynton Beach, FI Holtz Family Part L.P.	TITLE: Member cle East 33462 tners, Member	n Florida: (a	A. Smolinsl 4 Fairfax C nton Beach, chael Holtz	ss: ki ircle Eas FL 334 Street,	TITLE: Manager st 62 Manager All Manage

^{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 in in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

The member or authorized representative of a member of <u>SMART CRUISE</u>	R LLC
certifies:	-
1) the above named limited liability company has at least one member;	
2) the total amount of cash contributed by the member(s) is	\$ <u>50.000</u> ;
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	\$0;
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.)	\$_50,000
Signature of a member or an authorized representative of a memiliar (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.
Lee A. Smolinski	
Typed or printed name of signee	

Filing Fee: \$250.00 for Application and Affidavit

99 JUL -9 PM 1:18

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.

lity Company is:
Smart Cruiser LLC
t address of the registered agent and office are:
molinski (Name)
rfax Circle East a street address (P.O. Box NOT ACCEPTABLE)
Beach Florida 33462 City/State/Zip

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.

By: Olla Smoth (Signature)

Filing Fee: \$ 35 for Designation of Registered Agent

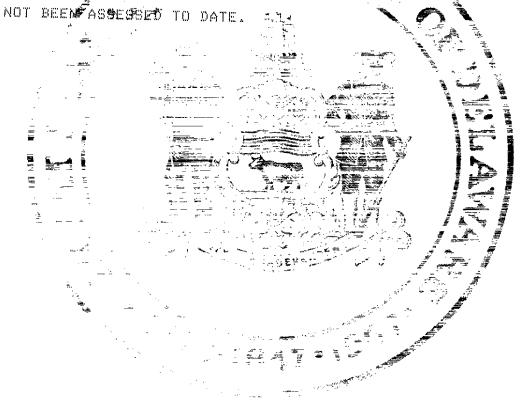
99 JUL -9 PM 1: 18
SECRETARY OF STATE

State of Delaware

Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SMART CRUISER 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 TWENT LIGHTH DAY OF JUNE, L.D. 1999.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE





Edward J. Freel, Secretary of State

AUTHENTICATION:

9934393

991263008

8300

3050531

DATE:

05-28-99