P98000106245

TRANSMITTAL LETTER

SUBJECT: ARAFL	Name of corporation - must include suffix)
Dear Sir or Madam:	_12/21/00n1n0/
The enclosed "Application by F "Certificate of Existence", and of to transact business in Florida.	****128.75 ****1 ****128.75 ****1 ****128.75 ****1 ****128.75 ****1 *****128.75 *****1 *****128.75 *****1 *****128.75 *****1 *****128.75 *****1
Please return all correspondence	e concerning this matter to the following:
Pic	HARD AMENDOUA
	(Name of Person)
De	•
	PAFL Management CORP. (Firm/Company)
39	5 Holly DRIVE
ب ر	ST Northport NY. 11731-5235
<u>EAS</u>	ST NORTHPORT NY. (1731-523)
·	(City/state/Zip)
Should you need to call assure	
	e concerning this matter, please call: OCA at (5/6) 368-4089 (Area Code & Daytime Telephone Number Code & Daytime Telephone
RICHARD AMENDO (Name of Person)	-
RicHARD AMENDO (Name of Person)	(Area Code & Daytime Telephone Number Code & Daytime Telephone
RicHARD ANC NO. (Name of Person) TREET ADDRESS: Qualification/Tax Lien Section bivision of Corporations	(Area Code & Daytime Telephone Number 20 1
(Name of Person) TREET ADDRESS: Qualification/Tax Lien Section Division of Corporations 09 E. Gaines St.	MAILING ADDRESS: Qualification/Tax Lien Section Division of Corporations P.O. Box 6327
RICHARD ANC NO. (Name of Person) TREET ADDRESS: Pacification/Tax Lien Section division of Corporations 19 E. Gaines St.	(Area Code & Daytime Telephone Number) MAILING ADDRESS: Qualification/Tax Lien Section Division of Corporations
RicHARD ANCINO (Name of Person) TREET ADDRESS: Pacification/Tax Lien Section Division of Corporations 09 E. Gaines St. allahassee, FL 32399	(Area Code & Daytime Telephone Number Code & Daytime Telephone
(Name of Person) TREET ADDRESS: Pacification/Tax Lien Section Division of Corporations 09 E. Gaines St. allahassee, FL 32399 inclosed is a check for the follow	MAILING ADDRESS: Qualification/Tax Lien Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 wing amount:
(Name of Person) TREET ADDRESS: walification/Tax Lien Section ivision of Corporations 09 E. Gaines St. allahassee, FL 32399 nclosed is a check for the follow	MAILING ADDRESS: Qualification/Tax Lien Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 wing amount:
(Name of Person) STREET ADDRESS: Qualification/Tax Lien Section Division of Corporations 109 E. Gaines St. Callahassee, FL 32399 Enclosed is a check for the follow	MAILING ADDRESS: Qualification/Tax Lien Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Wing amount:
(Name of Person) CTREET ADDRESS: Qualification/Tax Lien Section Division of Corporations 09 E. Gaines St. Callahassee, FL 32399 Cinclosed is a check for the follow 1 \$70.00 Filing Fee	MAILING ADDRESS: Qualification/Tax Lien Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 wing amount:

Florida Department of State, Sandra B. Mortham, Secretary of State

CERTIFICATE OF DOMESTICATION	FILED
The undersigned, RICHARD AMENDOLA, PRE. (Name)	98 DEC 21 AM 9: 45 (Title) TALLAHASSEE, FLORIDA
(Name)	(Title) TALLAHASSEE, FLORIDA
	a foreign Corporation,
in accordance with Florida Statutes, section 607.1801 does hereby certify:	
1. The date on which corporation was first formed wasSeptember	RZ, 1998
2. The jurisdiction where the above named corporations was first formed, income into being was Suffolk County, New York	
3. The name of the corporation immediately prior to the filing of this Certific was	ate of Domestication
4. The name of the corporation, as set forth in its articles of incorporation, to ss. 607.0202 and 607.0401 with this certificate is	
5. The jurisdiction that constituted the seat, siege, social principal place of bu administration of the corporation, or any other equivalent thereto under appimmediately prior to the filing of the Certificate of Domestication was SUFFOLK COUNTY, New YORK	
I am RICHARD AMENDOA, OF FRAFL MANAGEMENT	CORP.
and am authorized to sign this certificate of Domestication on behalf of the corso this the 7 day of De. Cember	poration and have done
Giften Amount	<u> </u>

Filing Fee:

Certificate of Domestication
Articles of Incorporation and Certified Copy
Total to domesticate and file

\$50.00 \$78.75 \$128.75

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

FILED

ARTICLE I NAME

The name of the corporation shall be:

MANAGEMENT CORP.

SECRETARY OF STATE TALLAHASSEE, FLORIDA

98 DEC 21 AM 9: 45

PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

391 Holly DRIVE

EAST NORTHPORT N.Y. 11731

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Peter Pomaro 1491 Ginger Avenue Coconut Creek Fl. 33063

INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

RICHARD AKENDOLA

395 Holly DRIVE EAST NORTHPORT N.Y1173/

Signature/Incorporator

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation 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

Signature/Registered Agent