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Division of Corporations

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Florida Department of State
Division of Corporations
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Fax Number : (850)205-0381

From: Account Name : CHECKMATE
Account Number : T20030000146
Phone : (941)922-2801
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FOREIGN PROFIT/NONPROFIT CORPORATION

EMERALD CONTRACTING CORP

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: EMERALD CONTRACTING CORP
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

LEAH HARN
(Name of Person)

CHECK MATE
(Firm/Company)

4411 BEE RIDGE ROAD #257
(Address)

SARASOTA, FL 34233
(City/State and Zip code)

For further information concerning this matter, please call:

LEAH HARN at (941) 366-1819
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. EMERALD CONTRACTING CORP

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. NEW JERSEY

(State or country under the law of which it is incorporated)

3. 20-2212598

(FEI number, if applicable)

4. JANUARY 24, 2005

(Date of incorporation)

5. PERPETUAL

(Duration: Year corp. will cease to exist or "perpetual")

6. UPON QUALIFICATION

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 745 GLENSIDE AVENUE BERKELEY HEIGHTS, NJ 07922

(Principal office address)

P. O. BOX 94 BERKELEY HEIGHTS, NJ 07922

(Current mailing address)

8. ANY AND ALL LAWFUL BUSINESS

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: **PAUL HORVATH**

Office Address: **4448 GOLF CLUB LANE**

BROOKSVILLE

(City)

Florida **34609**

(Zip code)

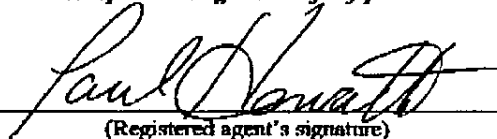
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10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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Mar 13 2007 8:09AM HP LASERJET FAX
Mar 12 07 11:15a Check Mate

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908-665-9692

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12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: **MARK DOBBS**

Address: **750 GLENSIDE AVENUE**

BERKELEY HEIGHTS, NJ 07922

Vice President: **JOHN HORVATH**

Address: **50 WINANS AVENUE**

CRAWFORD, NJ 07016

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.  _____
(Signature of Director or Officer listed in number 12 of the application)

14. **MARK DOBBS, PRESIDENT** _____
(Typed or printed name and capacity of person signing application)

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STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
SHORT FORM STANDING

EMERALD CONTRACTING CORP
0400080323

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Profit Corporation was registered by this office on January 24, 2005.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and registered office are:

Mark Dobbs
745 Glenside Avenue
Berkeley Heights, NJ 07922

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

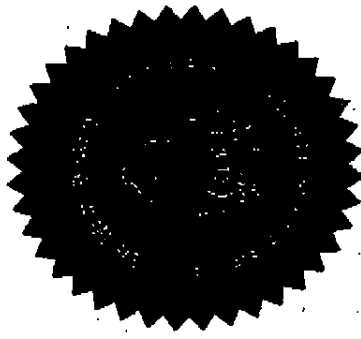
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APPROVED
AND

STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
SHORT FORM STANDING

EMERALD CONTRACTING CORP

IN TESTIMONY WHEREOF, I have
hereunto set my hand and
affixed my Official Seal
at Trenton, this
1st day of March, 2007



Bradley Abelow

Bradley Abelow
State Treasurer

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED