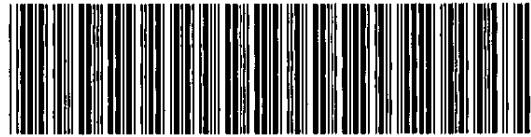


FI1000000289

(Requestor's Name)

(Address)



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**LEWIS
BRISBOIS
BISGAARD
& SMITH LLP**
ATTORNEYS AT LAW

200 Las Olas Circle, 200 S.W. 1st Avenue, Suite 910
Fort Lauderdale, FL 33301
Telephone: 954.728.1280
Fax: 954.728.1282
www.lbbslaw.com

SOLOMON B. ZOBERMAN
DIRECT DIAL: 954.828.0351
E-MAIL: szoberman@lbbslaw.com

SECRETARY OF STATE
DIVISION OF CORPORATIONS
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Certified Copies _____ Certificates of Status _____

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ⓑ Tadock JAN 25 2011

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. BARRY G. KAIMAN, A PROFESSIONAL CORPORATION

(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. CALIFORNIA

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

3. 95-4098861

(FEI number, if applicable)

4. 7-22-1986

(Date of incorporation)

5. PERPETUAL

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

6.

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

7. 221 NORTH FIGUEROA STREET, LOS ANGELES, CA 90012

(Principal office address)

221 NORTH FIGUEROA STREET, LOS ANGELES, CA 90012

(Current mailing address)

8. OWNERSHIP OF A PARTNERSHIP INTEREST IN A FOREIGN LIMITED LIABILITY PARTNERSHIP

(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: BRADLEY S. FISCHER, ESQ.

Office Address: 200 SW 1st AVENUE, SUITE 910

FORT LAUDERDALE, Florida 33301

(City)

(Zip code)

11 JAN 21 PM 2:30 SECRETARY OF STATE DIVISION OF CORPORATIONS

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.

Handwritten signature of Bradley S. Fischer

(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.

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

DKST

Director: BARRY G. KAIMAN

Address: 221 NORTH FIGUEROA STREET

LOS ANGELES, CA 90012

Director: _____

Address: _____

B. OFFICERS

✓ President: BARRY G. KAIMAN

Address: 221 NORTH FIGUEROA STREET

LOS ANGELES, CA 90012

✓ Vice President: BARRY G. KAIMAN

Address: 221 NORTH FIGUEROA STREET

LOS ANGELES, CA 90012

✓ Secretary: BARRY G. KAIMAN

Address: 221 NORTH FIGUEROA STREET, LOS ANGELES, CA 90012

✓ Treasurer: BARRY G. KAIMAN

Address: 221 NORTH FIGUEROA STREET, LOS ANGELES, CA 90012

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

13. X Barry G. Kaiman

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. BARRY G. KAIMAN, PRESIDENT

(Typed or printed name and capacity of person signing application)

**State of California
Secretary of State**

CERTIFICATE OF STATUS

ENTITY NAME:

BARRY G. KAIMAN, A PROFESSIONAL CORPORATION

FILE NUMBER: C1380978
FORMATION DATE: 07/22/1986
TYPE: DOMESTIC CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California,
hereby certify:

The records of this office indicate the entity is authorized to
exercise all of its powers, rights and privileges in the State of
California.

No information is available from this office regarding the financial
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate
and affix the Great Seal of the State of
California this day of December 23, 2010.

Debra Bowen

DEBRA BOWEN
Secretary of State