

Division of Corporations Electronic Filing Cover Sheet

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(((H140000726373)))



HI40000726373AEO

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To:

Division of Corporations

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From:

Account Name : USACORP INC.
Account Number : 120130000019
Phone : (718)362-4789
Fax Number : (716)408-2550

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: USACORP@USACORPINC.COM

FOREIGN PROFIT/NONPROFIT CORPORATION ABS MANAGEMENT & DEVELOPMENT CORP.

| Certificate of Status | 0 |
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March 27, 2014

FLORIDA DEPARTMENT OF STATE Division of Corporations

USACORP INC.

SUBJECT: ABS MANAGEMENT & DEVELOPMENT CORP.

REF: W14000019572

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

If you have any further questions concerning your document, please call (850) 245-6052.

Valerie Herring Regulatory Specialist II New Filing Section

FAX Aud. #: H14000072637 Letter Number: 414A00006589 From: CORP TO ST JOSEF STRAUSS

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(((H14000072637 3)))

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.

| (Enter name of co | NAGEMENT & DEVELO reporation, must include "INCORPORATE rep," "Inc," "Co." or "Corp.") | ED," "COMPANY," "CORPORATION," | |
|---------------------------------------|--|---|---|
| (If name unavaila | ble in Florida, enter alternate corporate na | me adopted for the purpose of transacting business in Florida | 1) |
| New Jers | ey. | 3. | |
| | | 3(FEI number, if applicable) | |
| February | 14, 2006 | 5. Perpetual (Diration: Year corp. will cease to exist or "perpetual" | |
| (Date | of incorporation) | (Duration: Year corp., will coase to exist or "perpetual" | י |
| 117 CHAT | | ss in Florida, if prior to registration) 7.1502, F.S., to determine penalty liability) OD, NJ 08701 | - 28 |
| | (Principal office | | ======================================= |
| 117 CHAT | EAU DRIVE, LAKEWOO | D, NJ 08701 | A A |
| | (Current mailing | address) | MAR 27 |
| Real Esta | ate Management | | PH ₁ J: 20 |
| (Purpose(s) | of corporation authorized in home state of | r country to be carried out in state of Florida) | - |
| Name and stree | t address of Florida registered agent: (| (P.O. Box NOT acceptable) | 20 |
| Name: | REGISTERED AGENTS LEGAL SERVICE | ΈS, LLC | |
| ffice Address: | 155 Office Plaza Drive St | uite A | |
| | Tallahassee | , Florida 32301 (Zip códe) | |
| | (City) | (Zip códe) | |
| laving been name esignated in this | application, I hereby accept the appoin | ervice of process for the above stated corporation at th intment as registered agent and agree to act in this ca les relative to the proper and complete performance of | pacity.) |

Michael (MICHAEL W. ASHCOY)
(Registered goods'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.

(((H14000072637 3)))

Pag JIMSION OF CORTOR (Yes)

2814 MAR 27 PM 1: 20 12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: REUVEN RIVLIN Address: 117 CHATEAU DRIVE LAKEWOOD, NJ 08701 Vice Chairman: __ Address: Director: REUVEN RIVLIN 117 CHATEAU DRIVE LAKEWOOD, NJ 08701 Director: B. OFFICERS President: REUVEN RIVLIN Address: 117 CHATEAU DRIVE LAKEWOOD, NJ 08701 Vice President: _ Address: Secretary: REUVEN RIVLIN Address: 117 CHATEAU DRIVE, LAKEWOOD, NJ 08701 Treasurer: REUVEN RIVLIN 117 CHATEAU DRIVE, LAKEWOOD, NJ 08701 NOTE: If necessary, you may attach in addendum to the application listing additional officers and/or directors. 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.

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

14. REUVEN RIVLIN, OFFICER

(((H14000072637 3))) STATE OF NEW JERSEY

DEPARTMENT OF THE TREASURY

DIVISION OF REVENUE AND ENTERPRISE SERVICEN MAR 27 PM 1: 20

ABS MANAGEMENT & DEVELOPMENT CORP.

0100958540

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 February 14, 2006.

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:

Reuven Rivlin 117 Chateau Drive Lakewood, NJ 08701



Certification# 131665697

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 25th day of March, 2014



Andrew P Sidamon-Eristoff
State Treasurer

Verify this certificate at https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp