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| (Requestor's Nam | e) |
|-----------------------------------------|---------------|
| (Address) | |
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| (City/State/Zip/Pho | one #) |
| PICK-UP WAIT | MAIL |
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| Certified Copies Certifica | tes of Status |
| Special Instructions to Filing Officer: | |
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| TO: | Registration S Division of C | | | | |
|---------------|----------------------------------------------------------------|---------------------------------------------------------------------------------------|-----------------|------------------------------------------------------|--------------------------------------------------------------------|
| SHRI | IFCT: All Acces | s Productions NY, Inc. | | | |
| O C/Da | | Name of Corpora | ation – must ir | iclude suffix | |
| Dear S | Sir or Madam: | | | | |
| Affair | s in Florida", "C | ntion by Foreign Not for Procertificate of Existence", or renced not for profit corpo | "Certificate of | f Status" and cho | eck are submitted to |
| Please | return all corre | spondence concerning this | matter to the f | ollowing: | |
| | Rebecc | a Burd | | | |
| | | Name | e of Person | · | |
| | All Acc | cess Productions NY, Inc. | | | |
| | | Firm | n/Company | | |
| | 5891 S | E Grafton Dr. | | | |
| | | | | | |
| | • | | Address | | |
| | Stuart, | FL 34997 | | | |
| | | City/State | e and Zip Code | 3 | |
| | rebecca | @allaccessproductions.org | | | |
| | E- | mail address: (to be used for | or future annua | l report notificat | tion) |
| For fu | rther information | n concerning this matter, pl | lease call: | | |
| Rebec | eca Burd | | 631 it () | 335-1123 | |
| | Name | of Person | Area Code | Daytime Tele | phone Number |
| | MAILING A Registration S Division of Co P.O. Box 6327 | ection orporations 7 | | Registration Se Division of Co Clifton Buildir | rporations ng |
| | Tallahassee, F | L 32314 | | 2661 Executive Tallahassee, Fl | e Center Circle L 32301 |
| Enclos | sed is a check fo | r the following amount: | | | |
| □ \$70 | 0.00 Filing Fee | ☐\$78.75 Filing Fee & Certificate of Status | | Filing Fee & ed Copy | ■ \$87.50 Filing Fee, Certificate of Status & Certified Copy |

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

| (If name unava | nilable in Florida, enter alternate corporate nai | me adopted for the purpose of transacting business in Florida) |
|-------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| New York | | 27-1655881 |
| 1 .0.201 | (1) | 3. (FEI number, if applicable) |
| 1) | Date of Incorporation) | 5. (Date of duration, if other than perpetual) |
| NIA | | |
| Date first cond | ucted affairs in Florida if prior to registration. So | ee sections 617.1501 & 617.1502, F.S. to determine penalty liabil |
| | | |
| 5891 SE Graft | on Drive, Stuart, FL 34997 | |
| 5891 SE Graft | on Drive, Stuart, FL 34997 ——————————————————————————————————— | Toffice address) |
| 5891 SE Graft | on Drive, Stuart, FL 34997 (Principa | l office address) |
| 5891 SE Graft | (Principa | |
| 5891 SE Graft | (Principa | ng address, if different) |
| Not- for- Profi | (Principa (Current mailin | |
| Not- for- Profi | (Principa (Current mailin) (Anti-Bullying Assembly Program | ng address, if different) |
| Not- for- Profi | (Principa (Current mailin | ng address, if different) |
| Not- for- Profi (Purpose(s) of | (Principa (Current mailin) (Anti-Bullying Assembly Program | ng address, if different) ry to be carried out in the state of Florida) |
| Not- for- Profi (Purpose(s) of | (Principa (Current mailin) Anti-Bullying Assembly Program corporation authorized in home state or countre (eet address of Florida registered agent: (F | ng address, if different) ry to be carried out in the state of Florida) |
| Not- for- Profi (Purpose(s) of | (Principa (Current mailin) Anti-Bullying Assembly Program corporation authorized in home state or countre cet address of Florida registered agent: (P | ng address, if different) ry to be carried out in the state of Florida) |
| Not- for- Profi (Purpose(s) of o | (Principa (Current mailin) Anti-Bullying Assembly Program corporation authorized in home state or counting cet address of Florida registered agent: (F | ry to be carried out in the state of Florida) |

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.

12. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) totall: A. DIRECTORS Name: Kelsey Koslowski Name: Daniel Burd □Chairman □Chairman Address: 199 Orange Avenue Address: 5891 SE Grafton Drive □Vice Chairman □Vice Chairman Clermont, FL 34711 Smart, FL 34997 □Director ■Director □President □President □Vice President □Vice President ■Treasurer □Secretary □Treasurer □Secretary ☐ Other:_____ ☐ Other:_____ □()ther: ____ □ Other: _____ Name: Rebecca Burd Name: _____ □Chairman □Chairman Address: 5891 SE Grafton Drive Address: ______ ■Vice Chairman □Vice Chairman Stuart, FL 34997 □Director Director □President □President □Vice President □Vice President ☐Treasurer □Secretary □Treasurer ■Secretary ☐ Other:_____ ☐ Other:____ ☐ Other:_____ Name: Jonathan Koslowski Name: _____ □Chairman □Chairman Address: ____ Address: ______ □Vice Chairman □Vice Chairman Clermont, FL 34711 □Director □Director □President □President □Vice President □Vice President □Treasurer □Secretary □Treasurer ■Secretary ☐ Other:_____ ☐ Other:____ □Other. _____ ☐ Other: ______ NOTE: Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) Daniel Burd 14. (Typed or printed name and capacity of person signing application)

State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of ALL ACCESS PRODUCTIONS NY, INC. was filed on 01/08/2010, as a Not-for-Profit Corporation and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.



WITNESS my hand and the official seal of the Department of State at the City of Albany, this 23rd day of October two thousand and nineteen.

Bradon C Hylan

Brendan C Hughes
Executive Deputy Secretary of State