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SUB	JECT:	THE WALTE	R LINK FOUN	DATION, 1	INC.		
			(Name of Corp	oration)			
				Ξ	-02/1	313776 6/000108: *87.50 ***	3007
Dear	Sir or Mada	m:					
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Please	e return all c	correspondence co	oncerning this m	atter to the fo	llowing:	R 17 PM TARY OF HASSEE, F	FILE
		·	THOMAS VAI		 		
			(Name of Po	erson)		三型 5	
		THE WALTE	ER LINK FOUR	NDATION, 3	INC.	RE ∞	
			(Firm/Comj	oany)			
		1	1901 MORRILI	STREET		· · · · · · · · · · · · · · · · · · ·	
			(Addres	s)	FC	0-141	\sum_{i}
		·	SARASOTA, FI	L 34236	Name Availe		20
			(City, State and	Zip Code)	Docu Exan	(Yi /	
For fi	urther inform	nation concerning	g this matter, ple	ase call:	Upda		
	 mrtown C	tza t daime	. 4	0.44	V	er wed	
	Name of Pers	VALENTE	at (_	947) Area Code &	954 Daytime Tele	phone Number	 : .
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Quali Divis 409 E	EET ADDR fication/Tax ion of Corpo G. Gaines St. hassee, FL	Lien Section orations		Qualificatio	ADDRESS: n/Tax Lien S Corporation: 327 , FL 32314	Section s	<u></u>
Enclo	sed is a che	ck for the follow	ing amount:				
		Fee 🗇 \$78.75		3 \$78.75 Filin Certified Co	ng Fee & 💢	\$87.50 Filin	g Fee, of Status &

Certified Copy

Certified Copy

Certificate of Status



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

February 23, 2000

THOMAS VALENTE 1901 MORRILL STREET SARASOTA, FL 34236

SUBJECT: THE WALTER LINK FOUNDATION, INC.

Ref. Number: W00000004949

We have received your document for THE WALTER LINK FOUNDATION, and your check(s) totaling \$87.50. However, the document has not been and is being retained in this office for the following:

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence, which usually consists of a single sheet of paper and clearly reflects the entity is avalid entity in its home state/country. You can obtain the certificate of existence from the same office that provided you with the certified copy.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6020.

Tammi Cline Document Specialist

Letter Number: 600A00009750



1901 MORRILL STREET

T SARASOTA, FLORIDA 34236 WWW.THELINKFOUNDATION.ORG

941-954-4456 PHONE INFO@THELINKFOUNDATION.ORG

941-954-9056 FAX

Ms. Tammi Cline Division of Corporations PO Box 6327 Tallahassee, Florida 32314

Dear Ms. Cline,

Please find the enclosed Certificate of Existence that you recently requested. I appreciate your immediate response.

Sincerely,

Tom Valente

SECRETARY OF STATE

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:

1.	THE WALTER LINK FOUNDATION,						
	(Name of corporation: must include the word "INC abbreviations of like import in language as will cleaperson or partnership if not so contained in the name corporate suffix by a nonprofit corporation.)	arly inc	licate that it is	a corporation ins	tead of a	natura	il a
2.	DELAWARE	3.	22-3	696493			
	(State or country under the law of which it is incorporated)		(FE	I number, if appl	icable)		
4.		5.		ETUAL			
	(Date of Incorporation)		(Duration: Y "perpetual")	ear corp. will cea	ise to exis	t or	
6.	DECEMBER 20, 1999						
	(Date corporation first conducted Affairs in F See sections 617.1501, 617.1502, and 817.15.	lorida 5, F.S.			17 I	99	
7.	1901 MORRILL STREET	-	-		S	=	
	G171 G171 77 24226		_		芸艺		77
	SARASOTA, FL 34236				162		П
	(Current mailing ac	idr e ss)			OF STA	PH t:	Ö
8.	SUPPORT OF EDUCATIONAL PROJ	JECT	S BY NON-	-PROFIT OR	GANTZ	ATH	NS
9.	Name and street address of Florida regis	tered	agent:		,		
		lame)					
	1901 MORRILL STREET						
	(Offic	e addre	ss)				-
	SARASOTA		, Florida,	34236			
	(City)			(Zip Cod	e)		
Ho co reg of	D. Registered agent's acceptance: aving been named as registered agent and to report to at the place designated in this appropriate agent and agree to act in this capacall statutes relative to the proper and complete and accept the obligations of my position (Registered agent)	olicati ity. I lete pe	on, I hereby further agre erformance o	accept the app se to comply wi of my duties, ar	oointmen ith the p	it as rovisi	ions
	(Registered a	igent's	signature)				

FILED

- 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 addresses of officers and/or directors: (Street address only- P. O. Box NOT acceptable)

A. DIRECT	TORS (Street address only- P. O. Box NOT acceptable)			
Chairman:	WALTER LINK			
Address:	575 MADISON AVENUE - 8TH FLOOR			
	NEW YORK, NEW YORK 10022			
Vice Chairm	an;	<u> </u>		
	· · · · · · · · · · · · · · · · · · ·	<u> </u>		
Director:			-	
Address:		=== -=== -============================	=	
Director:		VITAHA SEGRETA		7
		SSEE		_
		F-ST	PM 4:	C
B. OFFICE	RS (Street address only- P. O. Box NOT acceptable)		58	
President:	THOMAS VALENTE			
Address:	1901 MORRILL STREET			
	SARASOTA, FLORIDA 34236	_	,	
Vice Presider	nt:			
				
		_	-	
Secretary:		_		
Address:				
Treasurer:				
Address:				
and/or directo	1) 00 +0		fic er s	
(Signature	of Chairman, Vice Chairman, or any officer listed in number 12 of the application	on)		
	THOMAS VALENTE, PRESIDENT (Typed or printed name and capacity of person signing application)			

State of Delaware

PAGE 1

Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "THE WALTER LINK FOUNDATION, INC."

IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINTH DAY OF MARCH, A.D. 2000.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Edward J. Freel, Secretary of State

AUTHENTICATION:

0305588

001120415

3135441

8300

TE. 03-09-00

DATE: