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TRANSMITTAL LETTER

TO: Qualification/Registration Section Division of Corporations	
SUBJECT: Little Brothers-Friends of the Elderly, Inc.	
B0003206098 -04/12/0001075005 Dear Sir or Madam: *****78.75 ******78.1	-2 75
The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", and check are submitted to register the above referenced not for profit corporation to conducts its affairs in Florida.	
Please return all correspondence concerning this matter to the following:	
Brenda Reeves	
(Name of Person) Little Brothers-Friends of the Elderly (Firm/Company)	
954 W. Washington Blvd. (Address)	
Chicago, IL 60607 (City, State and Zip Code)	₫- = :
Vame For further information concerning this matter, please call:	
cournent Brends Reves at (312) 829 3055 (Name of Person) Area Code & Daytime Telephone Number	
STREET ADDRESS: Qualification/Tax Lien Section rifyer Division of Corporations 409 F. Gaines St. knowledge Tallahassee, FII 32399 Represe Enclosed is a check for the full.	
P. Verify Enclosed is a check for the following amount: \$\Begin{array}{c} \text{S78.75 Filing Fee & } \text{S78.75 Filing Fee & } \text{S87.50 Filing Fee, } \text{Certificate of Status & } \text{Certificate of Status & } \text{S87.50 Filing Fee, } \text{Certificate of Status & } \text{S87.50 Filing Fee, } \text{Certificate of Status & } Cert	

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Certificate of Status &

Certified Copy

10.

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:

	Little Brothers-Friends of the Elderly, Inc.	
	(Name of corporation: must include the word "INCORPORATED" of Color of Colo	
	corporate suffix by a nonprofit corporation.)	
_	Tilizais 36-3315721	_
2.	State or country under the law of which 3. 36-331572 (FEI number, if applicable)	
	it is incorporated)	
1	(Date of Incorporation) 5. Perpetual (Duration: Year corp. will cease to exist or "perpetual")	
4.	(Date of Incorporation) (Duration: Year corp. will cease to exist or	
	"perpetual") ≧ ¬	
6	will begin business your approval of application	_
٥.	(Date dorporation first conducted Affairs in Florida -	
	See sections 617.1501, 617.1502, and 817.155, F.S.)	
7	"perpetual") Will begin business upon approval of application (Date dorporation first conducted Affairs in Florida- See sections 617.1501, 617.1502, and 817.155, F.S.) 954 W. Washington Blvd. Chicago, IL 60607 (Current mailing address)	- =
•	DA 30	-
	Chicago, IL 60607	
	(Current mailing address)	
۰	Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)	ngS
٥	(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)	J
	and parties for isolated elders	
9	. Name and street address of Florida registered agent:	
	. /	
	Alejandro Guerrero (Name)	
	(Name)	
	5599 SW 8th Street (Office address)	
	(Office address)	
	77.71	
	Miami, Florida, 33134 (City) (Zip Code)	_
	(City) (Zip Code)	
	10 Registered agent's accentance:	

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.

Alexandro Lucro (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 addresses of officers and/or directors: (Street address only- P. O. Box NOT acceptable)
A. DIRECTORS (Street address only- P. O. Box NOT acceptable)
Chairman:
Address:
Vice Chairman:
Address:
Director:
Address:
APR T
Director:
Address:
B. OFFICERS (Street address only- P. O. Box NOT acceptable)
President: James Pintar
Address: 319 5th Street
Calumet, MI 49913
Vice President: Stephen Culen
Address: 5709 S. Kilbourn
Chicago, IL 60629.
Secretary: Maureen Watz Gornik
Address: 909 Westwind Little Canada, MN 55109
Treasurer: John Caulfield
Address: 2 Abbeyfeale Oswego, IL 60543
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
13. Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
Stephen M. (ulen Vice-President (Typed of printed name and capacity of person signing application)

File Number ____5330-056-1



To all to whom these Presents Shall Come Greeting:

I, Jesse White, Secretary of State of the State of Illiaois do

hereby certify that



In Testimony Whereof, I, hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this ____ day of ____