Mary To FOLOGOOOOOOS TO 2
REFERENCE: 1700080-1
DATE: 10-8
REQUESTOR MANE: Lexis Document Services ?
ADDRESS: ADDRESS: ADDRESS: ADDRESS:
TELEPHONE: () () oxt () oxt ()
CORPORATION NAME: IFA Foundation of North America, Inc.
DOCUHENT NUMBER: (if applicable)
AUTHORIZATION: Cynthin J. Woodyard
CERTIFIED COPY (1-9) CERTIFICATE OF STATUS (1-9) PLATH STAMPED COPY 40004626794-0
() Call When Roady () Call if Problem () After 4:30 () Halk In () Hill Walt () Pick Up

APPLICA	TION BY FOREIGN NOT FOR PRO	FIT CORPOR	ATION FOR AUTHORIZATION TO
	CONDUCT ITS A	FFAIRS IN FL	LORIDA I SE
IN COMPLIAN	NCE WITH SECTION 617.1503, FLORIDA	STATUTES, THE	FOLLOWING IS SUBMETTED FO
REGISTER A F THE STATE O	'OKBIGN NOT FOR PROFIT CORPORATI	ON FOR AUTHO	ORIZATION TO CONDUCT ITS AFFAIRS IN
THE BIATE OF	r PLOMDA.		SE OF
1. IFA For	undation of North America, Inc.		野田里
	will clearly indicate that it is a corporation inste- pany" or "Co." may not be used as a corporate s		RATION" or words or abbreviations of like import son or partnership if not so contained in the name at it corporation.)
2. <u>Illi</u>	nois3	_36-3655118	9 0.
	stry under the law of which it is incorporated)	- 30-30-30-30-0	(FEI number, if applicable)
4 . 6/21,		Perpetual	
	(Date of Incorporation)	(Duration:	Year corp. will cease to exist or "perpetual")
6. <u>Upon</u>	qualification		
(Date co	qualification orporation first conducted Affairs in Florida - Sec	e sections 617.150	1, 617.1502, and 817.155, F.S.)
7. 3407 E	Knightridge Road, Bloomington,	TN 47401	
	(Principal	office address)	
Same			
	(Current m	ailing address)	
			
8. <u>Charita</u>	ble Organization		a.i. a. \$175bl. j. a.a.i from the control see a.
	(Purpose(s) of corporation authorized in home	state or country to	be carried out in the state of Florida)
9. Name and <u>st</u>	reet address of Florida registered agent:	P.O. Box or Mai	il Drop Box NOT accentable)
		(= 1 = 2 = 2 = 2 = 2 = 2 = 2 = 2 = 2 = 2	acceptable)
Name:	Lexis Document Services, Inc.		
			A Company of the Comp
Office Address:	3953 W.W. Kelley Road		
	Tallahassee	, Florida 32	2311
	(City)		(Zip Code)
10. Registered	l agent's acceptance:		
Having been	named as registered agent and to accept so	rvice of process	for the above stated corporation at the place
duties, and I	am familiar with and accept the obligation.	ues reunive to th s of my position (erea agent ana agree to act in this capacity. he proper and complete performance of my as registered agent.
		- **	
	Many On Land	1	
	Mary lo Parola (Registered as	H QQUQU gent's signature)	ant Secretary

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:

A. DIRECTORS

Chairman	: Phillip Weimark	e — - Pija, sia			
Address:_	3407 S. Knightridge Road	······································			
	Bloomington, IN 47401	<u></u>			
Directo Vice Chai	oring John Stafford Ir	- -			
Address:_	3407 S. Knightridge Road	8			
-	Bloomington, IN 47401	_ · _			
Director:_	Gregoria McDonald	· ·· · · · · · · · · · · · · · · · · ·			
Address:	3407 S. Knightridge Road	_ <u>_</u>			
_	Bloomington, IN 47401				
Director:_		<u> </u>			
Address:					
B. OFFI					
President:_	Philip Neimark	- = '			
Address:	3407 S. Knightridge Road				
	Bloomington, IN 47401	<u> </u>			
Vice Presid	· · · · · · · · · · · · · · · · · · ·				
Address:		5 to 1 to 1 to 2 to 2 to 2 to 2 to 2 to 2			
Addicss	· · · · · · · · · · · · · · · · · · ·				
Secretary:	Tanya Husain				
,					
Address:	3407 S. Knightridge Road, Bloomington, IN 47401	• = ** **			
Treasurer:_	Vassa Neimark	e e e e e e e e e e e e e e e e e e e			
Address:	3407 S. Knightridge Road, Bloomington, IN 47401				
NOTE: If	necessary, you may attach an addendum to the application listing additional officers and/or directors.				
	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)				
14. Ph:	Lip Neimark, Chairman (Typed or printed name and capacity of person signing application)	Setting of the Section			
	correspond and capacity of person signing application)				



To all to whom these Presents Shall Come, Greeting:

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

hereby certify that

IFA FOUNDATION OF NORTH AMERICA, INC. DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE JUNE 21, 1989, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS A DOMESTIC CORPORATION IN GOOD STANDING IN THE STATE



In Testimony Whereof, I, hereto set my hand and cause to be affixed the Great Seal of

the State of Illinois, this ____ day of