02000002385

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations

SUBJECT: EDMUNDS PROGRAMS FOR HUMAN SERVICES, INCORPORA
(Name of Corporation - must include suffix)

Dear Sir or Madam:

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 conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

EDMUNDS PROGRAMS FOR HUMAN SERVICES
(Firm/Company)

13620 LAKE CAWOOD DR (Address)

WINDERMERE F1. 34786 200005452583-(City/State and Zip Code) -05/06/02-01075-0

*****87.50

For further information concerning this matter, please call:

(Name of Person)

Edmunds at (407) 340-1953/40
(Area Code & Daytime Telephone, Number)

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399

Enclosed is a check for the following amount:

\$78.75 Filing Fee & Certificate of Status **MAILING ADDRESS:**

Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

\$78.75 Filing Fee & Certified 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

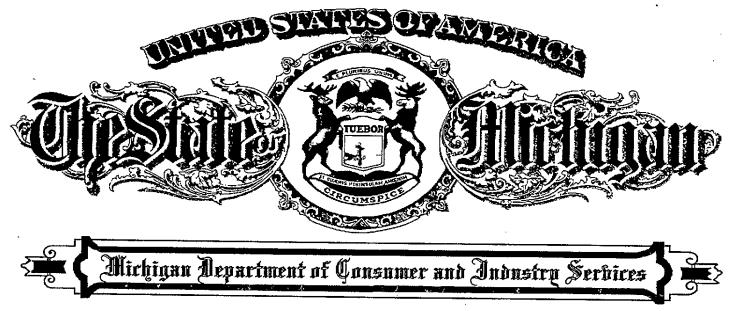
IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED 39 REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCTITS AFFAIRS IN THE STATE OF FLORIDA:
1. ED MUNDLS ROGRAMS FOR HUMAN SERVICES TINCS REPORATED (Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like imports in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)
2. MICHIGAN (State or country under the law of which it is incorporated) 3. 38-2947606 (FEI number, if applicable)
4. 9-4-1990 (Date of Incorporation) 5. PERPETUAL (Duration: Year corp. will cease to exist or "perpetual")
6. HAUE NOT AS OF 5-2-02 CONDUCTED ANY BUSINESS, W F/. (Date corporation first conducted Affairs in Florida - See sections 617.1501, 617.1502, and 817.155, F.S.)
7. 1035 wood Song way ClERmont Fl. 34711 (Principal office address)
13620 LAKE CAWOOD DR. WINDERMERE FL. 34786 (Current mailing address)
8. DEVELOPE Shelter flog lines for BATTELES women with Children DAY CALE & (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida) (Residentia) (Resi
Name: JAMILA Edmunds
Office Address: 1035 Wood sony way
C/ELMONT, Florida 347// (City), Florida (Zip Code)
10. Registered agent's acceptance: 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.
0 2 2

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.

(Registered agent's signature)

12. Names and addresses of officers and/or directors:

A. DIRECTORS
A. DIRECTORS Chairman: LATOYA C/EMENTS Address: 1035 Wood Song WAY C/ERMONT F/ 347/1/ Vice Chairman: HE/EN HAYWARA
Address: 1035 Wood Song WAY
CIERMONT E1 34711
Vice Chairman: HEIEN IT AYWARD
Address: 2598 ROSEVEIT Rd
HAINES CITY F1. 33844
Director: Judy AndERSON
Address: 2304 NORTH ROXBURY RI
AVON PARK F1. 33825
Director:
Address:
B. OFFICERS
President: DR. JAMILA Edmunds
Address: 13620 LAKE CAWOOD DK.
WINDERMERE F134786
Vice President: Rhowd a CRAW FORD
Address: 3977 EDWIN, HAMTRAMEK Mi 48212
Secretary: DR. JAMILA Edmunds
Address: 13620 LAKE CANOOL DR. WINDERMERS F/34786
Treasurer: THOMAS J EDMUNDSTI
Address: 13620 LAKE CAWOOD DR. WINDERWERE F1. 34785
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
12/10. 10. 10. 10. 10. 10. 10. 10. 10. 10.
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
14. DR. JAMILA Edmunds (Typed or printed name and capacity of person signing application)



Lansing, Michigan

This is to Certify That

EDMUNDS PROGRAMS FOR HUMAN SERVICES INCORPORATED

was validly incorporated on September 4, 1990, as a Michigan nonprofit corporation, and said corporation is validly in existence under the laws of this state.

This certificate is issued to attest to the fact that the corporation is in good standing in Michigan as of this date and is duly authorized to transact business or conduct affairs in Michigan and for no other purpose.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 19th day of March, 2002

, Director

Bureau of Commercial Services