FOROGOOGANSMITTAL LETTER

TRANSMITTAL LETTER
TO: Qualification/Registration Section Division of Corporations
SUBJECT: Association of Blind Citizens, Inc. (Name of Corporation)
800-03720-28583
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 conducts its affairs in Florida.
Please return all correspondence concerning this matter to the following:
John Oliveira President (Name of Person)
Association of Blind Citizens, Inc. (Firm/Company)
1 Marie Circle (Address)
Holbrook, MA 02343 (City, State and Zip Code)
For further information concerning this matter, please call:
John Oli Velva at (781) 961 - 1023 (Name of Person) Area Code & Daytime Telephone Number
STREET ADDRESS: Qualification/Tax Lien Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 MAILING ADDRESS: Qualification/Tax Lien Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:
S70.00 Filing Fee S78.75 Filing Fee & S78.75 Filing Fee & S87.50 Filing Fee, Certificate of Status Certified Copy 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:

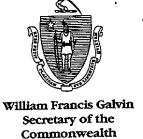
1.	Name of corporation: must include the word "INC abbreviations of like import in language as will be new	Citize	ens, Ir	7C	s'or Alls	^//
_ •	(Name of corporation: must include the word "INC abbreviations of like import in language as will cle	ORPORATED arly indicate the	or "CORPOF tat it is a corpo	RATION" or word ration instead of a	s or A	~ (<
	person or partnership if not so contained in the name corporate suffix by a nonprofit corporation.)	ne at present. "	Company" or "	Co." may not be t	ised as a	9 1/1/10
.	. Hassachusetts	3 .	04-35	519977) Dis.
۷.	(State or country under the law of which		(FEI numbe	r, if applicable)		0,7/10
	it is incorporated)		Perpet	ual		(VA)
4.	. June 16, 2000 (Date of Incorporation)	(Dura	tion: Year corretual")	o, will cease to exi	ist or	
	- with 1 Acts for	• •	•			
6.	Drojected October (Date corporation first conducted Affairs in	Florida -			•	
	See sections 617.1501, 617.1502, and 817.15	55, F.S.) =				
7	. 1 Marie Circle					
	HALFWARE MA AZZUZ					
	Holbrook, MA 02343 (Current mailing)	address)				
	_		0 4 4	f. ^		. 1
8	Purposes of ABC-provide Sch (Purpose(s) of corporation authorized in home state	olarships	for blud/	in the state of Flo	rida)	dua
4	(Purpose(s) of corporation authorized in home state to advance relevant causes opposite recreations and other life action. Name and street address of Florida region.	rtwrities &	bremployme	ent, education	n, custur	al 4
9	Name and street address of Florida regi	stered agen	t:			
	Vernon Hoic	inder				
	0 101 100	(Name)	10000		_	
	Vernon Heis' Royal Palm Inie V 7000 20th St.	Route W	11 een (3) +482	8.3		
	(Off	ice address)			_	
	Vero Beach	Flor	ida 3	2966		
	(City)	, 1 101	rida, <u>3</u> :	(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.

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)

Chairman:	- The Market
Address:	- OR ANG IS AND SEE PORTONS
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Vice Chairman:	
Address:	
Director: Jeff Wilson	<u>-</u>
Address: 1 River View Blud, Whit 6-05	
Methuen, MA 01844	
Director: Brian Langlos	
Address: 18 Hunters Run Place	<u>.                                    </u>
Haverhill, MA 01832	
3. OFFICERS (Street address only- P. O. Box NOT acceptable)	
resident: John Oliveira	
address: 1 Marie Circle	
Holbrook, HA 02343	· 
rice President: MIKA PyyhKala	
address: 15 Ranson Rd.	
Brighton, MA 02135	
ecretary: Brian Lauglois -	<u></u>
address: 18 Hunters Run Place, Haverhill, MA	91832
reasurer: Chris Nason	
address: 25 Godwin Ave, Halden, MA 02148	
OTE: If necessary, you may attach an addendum to the application listing a nd/or directors.	
3. Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the appli	cation)
John Oliveira	•



## The Commonwealth of Massachusetts

Secretary of the Commonwealth

State House, Boston, Massachusetts 02133

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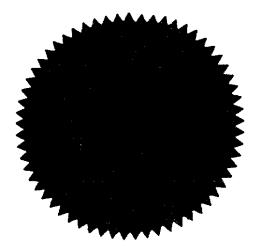
July 22, 2002

TO WHOM IT MAY CONCERN:

I hereby certify that

ASSOCIATION OF BLIND CITIZENS, INC.

appears by the records of this office to have been incorporated under the General Laws of this Commonwealth on **June 16**, **2000** (**Chapter 180**). I also certify that so far as appears of record here, said corporation still has legal existence.



In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

Villian Travio Galelin

Secretary of the Commonwealth