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LICKETARY OF STATE

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: THE DYSLEXIA FOUNDATION, INC. (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: PHILIP B, PRISHO (Name of Person)
THE DYSLEXIA FOUNDATION 显露
Po Box 15948
(Firm/Company) O BOX 15948 3 3 3 3 3 3 3 3 3
For further information concerning this matter, please call: Philip B. Property Philip B
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:
☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & ☐ \$78.75 Filing Fee & ☐ \$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 TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA: (Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import 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.) which it is incorporated) (FEI number, if applicable) (State or country corp. will cease to exist or "perpetual") 7.1501, 617.1502, and 817.155, F.S.) (Date corporation first conducted Affairs urpose(s) of corporation authorized in home state or country to be carried out in the state of Florida 9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Office Address: Florida 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.

(Registered agent's signature)

12. Names and	addresses of officers and/or direc	tors:		
A. DIRECTOR	s D		-	
Chairman: W	ILLIAM H. BAK	512 JR.		
Address: 4	537 HIDDEN F	DRIVE DRIVE		
	AMSOTA FL 30	1235	<u> </u>	united the second of the secon
WEANS	JOYCU BULL	FANT	· · · · · · · · · · · · · · · · · · ·	
Address:	44 HPRITAGI	Cause		·
·	CARRONDAUE,	<u>Co</u>	<u> </u>	<u> </u>
Director: Wi	LIAN, C. DE	ITON		
Address: L	GLOVER A	VE NUE		
	UL MA PR	7045		<u></u> ,:
Director: W	WIRM F. I	ATT & RESON	 	· ·
Address:	WEBY KOUR)		<u></u>
	· MURES NY	14134		0 2
B. OFFICERS	, D	in To		SEGRET S APR
President:	NIMINM H. LE	JKENZ, JR		R SEE
Address:	1933 HIDDEN	FOREST DR		OR PO
4-24	SARASOTA IFL	34737		- 9 A21
Vice President:			e e e e e e e e e e e e e e e e e e e	34
Address:	*		`	·
CLERYL	lalus and	DOFOR		
Secretary:	MICHAIM C.	CITTOIN	NA BA	
Address:	4 GLOVER AV	elone I Hora	- 19611 Os	7047
Treasurer:	DELOS S	WE. NEW !	1.00 .10 1	10002
Address:	845 THIRD F	WE. NEW	YORK, NY 1	(1004
NOTE: If neces	sary, you may attach an addendum	to the application listing addition	tional officers and/or d	irectors.
13	ink of Ballet			
(5)	gnature of Chairman, Vice Chairm	~ ~ ~ ~	nber 12 of the applicati	on)
14		and capacity of person signing	application)	<u></u>



The Commonwealth of Massachusetts Secretary of the Commonwealth

State House, Boston, Massachusetts 02188

March 27, 2003

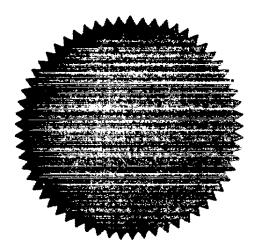
TO WHOM IT MAY CONCERN:

I hereby certify that according to the records of this office

THE DYSLEXIA FOUNDATION, INCORPORATED

is a domestic corporation organized on August 15, 1989 (Chapter 180).

I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 180 section 26 A, for revocation of the charter of said corporation; that the State Secretary has not received notice of dissolution of the corporation pursuant to Massachusetts General Laws, Chapter 180, Section 11, 11A, or 11B; that said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.



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

William Tranin Galein

Secretary of the Commonwealth