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(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

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(Document Number)

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Certificates of Status \_\_\_\_\_

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7/17  
*[Signature]*

**GRAYHARRIS**  
ATTORNEYS AT LAW

GRAY, HARRIS & ROBINSON, P.A.

SUITE 300  
1635 EAST HIGHWAY 50  
P.O. BOX 120848  
CLERMONT, FLORIDA 34712-0848  
TEL 352-394-2103  
FAX 352-394-2105  
WEB grayharris.com

E-MAIL ADDRESS

July 8, 2003

Division of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32301

RE: FAMILY SERVICES FEDERATION OF AMERICA, INC.

Gentlemen:

Enclosed please find an original and one copy of the Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida form for the above-captioned corporation, together with a check in the amount of \$78.75 representing the filing fee and certificate of status fee.

Once this document has been filed, please send the certificate of status back to us in the self-addressed stamped envelope I have provided for your convenience.

If you have any questions regarding this matter, please contact our office.

Very truly yours,

GRAY, HARRIS & ROBINSON, P.A.

  
Wade Boyette

KWB/jla  
Enclosures

\\306692\\1 - WBOYETTE - # 5100 v1  
7/8/2003  
\\306387\\4 WBOYETTE - # 7857 v1  
7/8/03

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TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Family Services Federation of America, 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:

Wade Boyette, Esquire	
	(Name of Person)
Gray, Harris & Robinson, P. A.	
	(Firm/Company)
P.O. Box 120848	
	(Address)
Clermont, FL 34711	
	(City/State and Zip Code)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Wade Boyette, Esquire at ( 352 ) 394-2103  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

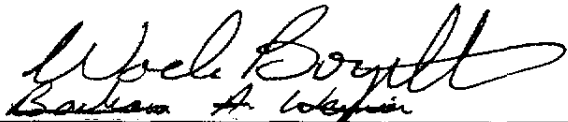
**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- |  |  |   |   |
|--|--|---|---|
| <input checked="" type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee,<br>Certificate of Status &<br>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. Family Services Federation of America, Inc.  
(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.)
2. Illinois 3. 33-1051751  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. March 3, 2003 5. Perpetual  
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. Upon acceptance of this foreign corporation  
(Date corporation first conducted Affairs in Florida - See sections 617.1501, 617.1502, and 817.155, F.S.)
7. 513 Central Avenue, 5th Floor, Highland Park, IL 60035, Lake County, Illinois  
(Principal office address)  
122 South Michigan Avenue, Chicago, IL 60603  
(Current mailing address)
8. To promote the mental, emotional, social and spritual health and development of children & familie  
(Purpose(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)  
Name: Wade Boyette, Esquire  
Office Address: 1380 Grand Highway, Suite 200  
Clermont, Florida 34711  
(City) (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.*  
  
Wade Boyette  
(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.

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TALLAHASSEE, FLORIDA

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

**A. DIRECTORS**

Chairman: Lawrence Kujovich

Address: 27111 N. Twin Pond Road  
Lake Barrington, IL 30010

Vice Chairman: Peter Wahl 2017 Allende Ave., The Villages, FL 32159

Address: Listing of all Directors in no certain order below:

Peter Wahl 2017 Allende Ave., The Villages, FL 32159

Director: Lawrence Kujovich 27111 N. Twin Pond Rd., Lake Barrington, IL 60010

Address: Steven Benov 27111 N. Twin Pond Rd., Lake Barrington, IL 60010

Clark Robinson 110 S Dunton, Arlington Heights, IL 60005

Director: Rev. Patrick Murphy 2008 E Harrison Ave., Charleston, IL 61920

Address: Adrian Rogier 1975 Buebirt Ln., Highland, IL 62249

Frank Pelot 33409 Lake Bend Circle, Leesburg, FL 34788

**B. OFFICERS**

President: Martin Sinnott

Address: 122 S. Michigan Avenue #: 1500  
Chicago, IL 60606

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

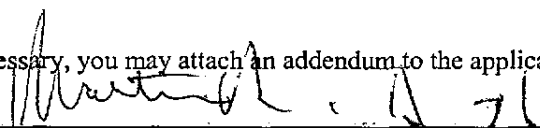
Secretary: William Beck

Address: 1432 SE 2300 North Road, Edinburg, IL 62531

Treasurer: William Beck

Address: 1432 SE 2300 North Road, Edinburg, IL 62531

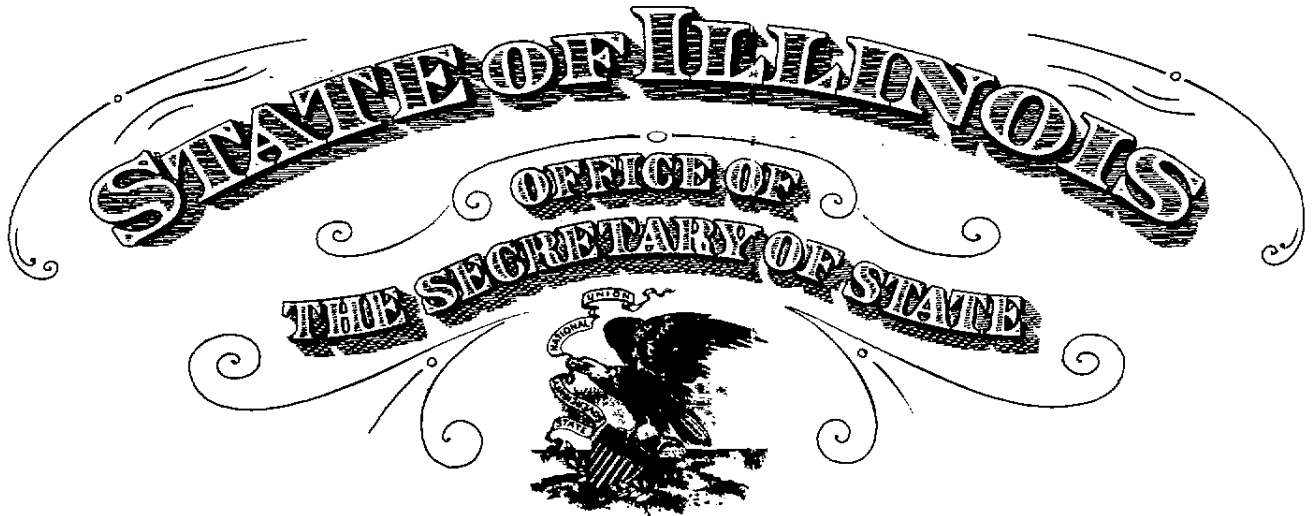
**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.   
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Martin Sinnott, President  
(Typed or printed name and capacity of person signing application)

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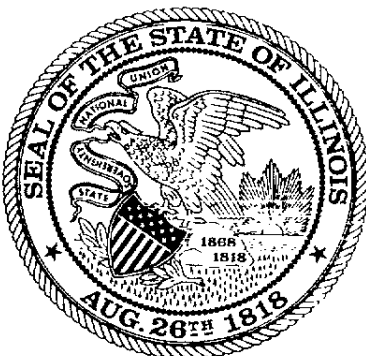
File Number 6270-130-7



*To all to whom these Presents Shall Come, Greeting:*

*I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that*

FAMILY SERVICES FEDERATION OF AMERICA, INC.,  
A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE  
MARCH 3, 2003, 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  
OF ILLINOIS\*\*\*\*\*



*In Testimony Whereof, I, hereto set  
my hand and cause to be affixed the Great Seal of  
the State of Illinois, this* 21ST  
*day of* APRIL *A.D.* 2003.

*Jesse White*

SECRETARY OF STATE