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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

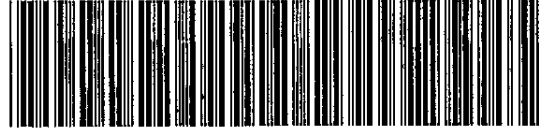
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STATE UNIVERSITY OF FLORIDA
TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Alberto Vollmer 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:

Alberto Dumit
(Name of Person)

Alberto Vollmer Foundation, Inc.
(Firm/Company)

801 Brickell Avenue, 9th Floor
(Address)

Miami, Florida 33131
(City/State and Zip Code)

For further information concerning this matter, please call:

Alberto Dumit at (305) 789-6622
(Name of Person) (Area Code & Daytime Telephone Number)

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SECTION OF STATE
TALLAHASSEE, FLORIDA
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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 & Certificate of Status
- \$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 TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

- 1. Alberto Vollmer Foundation, 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. New Jersey 3. 22-2872241
(State or country under the law of which it is incorporated) (FEI number, if applicable)
- 4. December 7, 1987 5. Perpetual
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
- 6. Upon qualification
(Date corporation first conducted Affairs in Florida - See sections 617.1501, 617.1502, and 817.155, F.S.)
- 7. Upon qualification: 801 Brickell Avenue, 9th Floor Miami, Florida 33131
(Principal office address)
2121 K Street, NW Suite 800 Washington, DC 20037
(Current mailing address)

8. Private Foundation for Charitable, Religious, Educational, and Scientific purposes
(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: CARLOS I. AGUILAR

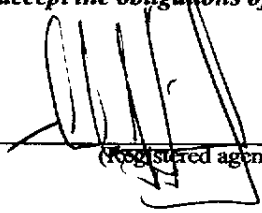
Office Address: 104 CRANDON BLVD., STE 402

KEY BISCAIYNE, Florida 33149
(City) (Zip Code)

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TALLAHASSEE, 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.



(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.

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Alberto J. Vollmer

Address: 801 Brickell Avenue, 9th Floor

Miami, Florida 33131

Vice President: Christine Vollmer

Address: 801 Brickell Avenue, 9th Floor

Miami, Florida 33131

Secretary: Alberto J. Vollmer

Address: 801 Brickell Avenue, 9th Floor, Miami, Florida 33131

Treasurer: Alberto J. Vollmer

Address: 801 Brickell Avenue, 9th Floor Miami, Florida 33131

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

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

14. Alberto J. Vollmer
(Typed or printed name and capacity of person signing application)

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STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
SHORT FORM STANDING

ALBERTO VOLLMER FOUNDATION, INC.
0100358830

*I, the Treasurer of the State of New Jersey,
do hereby certify that the above-named
New Jersey Non Profit Corporation was
registered by this office on December 7, 1987.*

*As of the date of this certificate, said business
continues as an active business in good standing
in the State of New Jersey, and its Annual Reports
are current.*

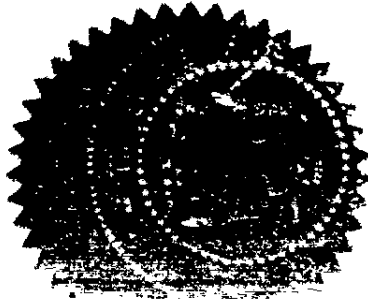
*I further certify that the registered agent and
registered office are:*

*Edward M Phillips
35 West 43rd Street
Bayonne, NJ 07002 0000*

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STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
SHORT FORM STANDING

ALBERTO VOLLMER FOUNDATION, INC.



IN TESTIMONY WHEREOF, I have
*hereunto set my hand and
affixed my Official Seal
at Trenton, this
12th day of March, 2004*

A handwritten signature in cursive script, appearing to read "John E. McCormac".

*John E. McCormac, CPA
State Treasurer*