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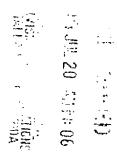
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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By



#### TRANSMITTAL LETTER

	stration Section sion of Corporations	
SUBJECT:	Institute for Cultural Competency  (Name of Corporation – must include suffix)	
Dear Sir or Madam:		
Affairs in Flo	Institute for Cultural Competency  (Name of Corporation – must include suffix)  Institute for Cultural Competency  (Name of Corporation – must include suffix)  Institute for Cultural Competency  (Name of Corporation – must include suffix)  Institute for Cultural Competency  (Name of Corporation – must include suffix)  Institute for Cultural Competency  (Name of Corporation – must include suffix)  Institute for Cultural Competency  (Name of Corporation – must include suffix)  Institute for Cultural Competency  (Name of Corporation – must include suffix)  Institute for Cultural Competency  (Name of Corporation – must include suffix)  Institute for Cultural Competency  (Name of Corporation – must include suffix)  Institute for Cultural Competency  (Name of Corporation – must include suffix)  Institute for Cultural Competency  (Name of Corporation – must include suffix)  Institute for Cultural Competency  (Name of Corporation – must include suffix)  Institute for Cultural Competency  (Name of Corporation – must include suffix)  Institute for Cultural Competency  (Name of Corporation – must include suffix)  Institute for Cultural Competency  (Name of Corporation – must include suffix)  Institute for Cultural Competency  (Name of Corporation – must include suffix)  Institute for Cultural Competency  (Name of Corporation – must include suffix)  Institute for Cultural Competency  (Name of Corporation – must include suffix)  Institute for Cultural Competency  (Name of Corporation – must include suffix)  Institute for Cultural Competency  (Name of Corporation – must include suffix)  Institute for Cultural Competency  (Name of Corporation – must include suffix)  Institute for Cultural Competency  (Name of Corporation – must include suffix)  (Name of Corpora	
Please return	all correspondence concerning this matter to the following:	
	James E. Manczak (Name of Person)	
	· · · · · · · · · · · · · · · · · · ·	
	Institute for Cultural Competency (Firm/Company)	
	(Philit Company)	
	1809 SW Parkview Court	
	(Address)	
	Portland, Oregon 97221	
	(City/State and Zip Code)	
For further information concerning this matter, please call:		
Jim Manczał	at ( 503 ) 984 9848	
(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:		
□ \$70.00 Fil	ing Fee S78.75 Filing Fee & S78.75 Filing Fee & Certificate of Status Certified Copy 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 T

REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT THE STATE OF FLORIDA: Institute for Cultural Competency, Corporation (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.) 3, 33-1095793 (State or country under the law of which it is incorporated (FEI number, if applicable) July 6, 2004
(Date of Incorporation) 5. Per petual (Duration: Year corp. will cease to exist or "perpetual") (Date first conducted affairs in Florida if prior to registration. See sections 617,1501 & 617,1502, F.S, to determine penalty liability.) 7 1809 SW Parkview Court, Portland, Oregon 97221 (Principal office address) 1809 SW Parkview Court, Portland, Oregon 97221 (Current mailing address) 8. Educational Organization (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 NOT acceptable) Warren Husband Name: Metz, Hauser, & Husband, P.A. Office Address: 215 South Monroe Street, Suite 505 Tallahassee Florida 32301 (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. Warm Hade stered Aent'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: James E. Manczak Address: 1809 SW Parkview Court Portland, Oregon 97221 Vice Chairman: Address:\_ Address:\_ Director:\_\_\_ Address: **B. OFFICERS** President: James E. Manczak Address: 1809 SW Parkview Court Portland, Oregon 97221 Vice President: Address: Secretary: James E. Manczak Address: 1809 SW Parkview Court, Portland, Oregon 97221 Treasurer: James E. Manczak Address: 1809 SW Parkview Court, Portland, Oregon 97221 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) 14. James E. Manczak, Chairman

(Typed or printed name and capacity of person signing application)

#### **CERTIFICATE**

# State of Oregon

# OFFICE OF THE SECRETARY OF STATE Corporation Division

I, BILL BRADBURY, Secretary of State of Oregon, and Custodian of the Seal of said State, do hereby certify:

#### INSTITUTE FOR CULTURAL COMPETENCY

was

incorporated under the Oregon

Nonprofit Corporation Act

on

July 6, 2004

and is active on the records of the Corporation Division as of the date of this certificate.



In Testimony Whereof, I have hereunto set my hand and affixed hereto the Seal of the State of Oregon.

BILL BRADBURY, Secretary of State

Jana S. Breneman

July 16, 2004