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TRANSMITTAL LETTER

	gistration Section vision of Corporations		
SUBJECT	<i>i</i> , (AND a Coloration - must include suffix)	do Non-profit
Dear Sir or	Madam:		V
Affairs in F	ed "Application by Foreign Not for Profi lorida", "Certificate of Existence", and of it corporation to conduct its affairs in Fl	check are submitted to register	
Please retur	n all correspondence concerning this ma	atter to the following:	
	1 Zogev (Name o	LANE of Person)	
!	Idand (Firm)	in Hans	
. •			
	9301 Wha	irton Ave	
	Brooks uille (City/State)	e F1 346 and Zip Code)	14
For further (Name	information concerning this matter, please of Person)		04 AUG 19 PH 3: 20 phone Number)
Reg Div 409	REET ADDRESS: gistration Section vision of Corporations D.E. Gaines St. llahassee, FL 32399	MAILING AD Registration Se Division of Cor P. O. Box 6327 Tallahassee, FL	ction porations
Enclosed is	a check for the following amount:		
□ \$70,00 H	Filing Fee \$\pi\$ \$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
1. HAND COLOR ON TOWN TO CONTROL OF THE STATE OF FLORIDA: 1. HAND COLOR ON TOWN TOWN TO COMPORATION OF 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. (State or country under the law of which it is incorporated) (FEI number, if applicable),
4. O-//-/977 5. Defice (Duration: Year corp. will cease to exist or "perpetual")
6. (Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S., to determine penalty liability.)
7. 453 East Wonderview Ave PMB333 Estes Park, (Principal office address) Colorado 80517
6523 So. Kearney Circle Centernial, Po. 80111
8. (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)
Name: LOGER B. LANC
Office Address: 9301 Wharton Aue
Brooksville Florida 34614 (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.
Kogw BLane
(Registered Acnt'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: Bruce Chapman
Address: 1817 meadow Podge Road
Vail Colorado 81657
Vice Chairman: Mary Lee LONE
Address: 9301 Wharton Ave
Brooks ville, F1, 34614
Director: Lynn Klint
Address: 6523 South Kearney Carele
Centennial, Colorado 70111
Director: 120ger T3 Lane
Address: 9301 Whartow Ave
Brooksville Fl. 34614
B. OFFICERS
President: Mary Lee Lane
Address: 9301 Wharton Ave
Parooksville, Fl. 34614
Vice President: Roger Blane
Address: 9301 Wharton Ave
Brooksville F1 34614 9
Secretary: Bruee Chapman
Address: S17 Meadar Ridge Road, Vail, Colan 81659
Treasurer: Lynn Klint
Address: 6523 South Keavery Circle
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. Mary Lee LANC, President (Typed or printed name and capacity of person signing application)

OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

CERTIFICATE

I, Donetta Davidson, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office.

HAND IN HAND

is a Nonprofit Corporation

formed or registered on 10/11/1977 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 19871333857 .

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 07/02/2004 that have been posted, and by documents delivered to this office electronically through 08/16/2004 @ 12:25:44.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Denver, Colorado on 08/16/2004 @ 12:25:44 pursuant to and in accordance with applicable law. This certificate is assigned Confirmation Number 6030705.



Secretary of State of the State of Colorado

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Certificate Confirmation Page of the Secretary of State's Web site, http://www.sos.state.co.us/bit/Certificate/SearchCriteria.do entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http://www.sos.state.co.us/click Business Center and select "Frequently Asked Questions.