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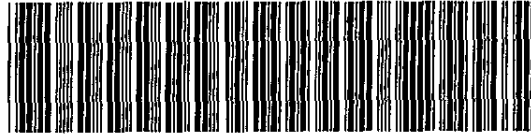
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2004

STATE  
TALLAHASSEE  
FLORIDA

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**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** INCORPORATION, INCORPORATED  
(Name of Corporation - must include suffix)

*A NOT-FOR-PROFIT CORPORATION  
501(c)(3)*

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:

ROBERT C. MCINNES  
(Name of Person)

INCORPORATION, INC.  
(Firm/Company)

29-27 QUEENS PLAZA NORTH Room 508  
(Address)

LONG ISLAND CITY, NY 11101-4009  
(City/State and Zip Code)

For further information concerning this matter, please call:

ROBERT C. MCINNES at (718) 391-0354  
(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 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. INCOLLORATION, INCORPORATED
(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 YORK STATE (State or country under the law of which it is incorporated)
3. 13-3352849 (FEI number, if applicable)
4. MARCH 26, 1986 (Date of Incorporation)
5. PERPETUAL (Duration: Year corp. will cease to exist or "perpetual")
6. OCTOBER, 2004 (Date corporation first conducted Affairs in Florida - See sections 617.1501, 617.1502, and 817.155, F.S.)
7. 29-27 QUEENS PLAZA No. Room 508, LONG ISLAND CITY NY 11101-4009 (Principal office address)
29-27 QUEENS PLAZA No. Room 508, LONG ISLAND CITY NY 11101-4009 (Current mailing address)
8. NOT-FOR-PROFIT, PROVIDING ARTS IN EDUCATION SERVICES TO PUBLIC SCHOOLS (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: ROBERT C. McINNES

Office Address: 3665 SQUARE WEST LANE

SARASOTA, Florida 34238 (City) (Zip Code)

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SECRETARY OF STATE
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.

Robert C. McInnes
(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: PHYLLIS WHITE-THORNE

Address: 121 LONGFELLOW ST, HARTSALE, NY 10530

Vice Chairman: ELAINE LAMONT

Address: 87-78 253RD ST. BELLE ROSE NY 11426

Director: ANDREW SALGADO

Address: 633 LEONARD ST BROOKLYN, NY 11222

Director: ELLEN ROBBINS

Address: 106 MARK LANE, ATLANTIC BEACH, NY 11509

B. OFFICERS

President: PHYLLIS WHITE-THORNE

Address: 121 LONGFELLOW ST. HARTSALE, NY 10530

Vice President: ANDREW SALGADO

Address: 633 LEONARD ST. BROOKLYN, NY 11222

Secretary: SUZANNE FATHI

Address: 205 WEST END AVENUE NY NY 10023

Treasurer: CHRISTINE PRENDERGAST

Address: 341 WEST 88TH ST. NY NY 10024

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

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

14. ANDREW SALGADO, EXECUTIVE DIRECTOR  
(Typed or printed name and capacity of person signing application)

**State of New York** | **ss:**  
**Department of State**

I hereby certify, that the Certificate of Incorporation of *INCOLLABORATION INCORPORATED* was filed on 03/26/1986, as a Not-for-Profit Corporation and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation.

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*Witness my hand and the official seal  
of the Department of State at the City  
of Albany, this 17th day of August  
two thousand and four.*



*Secretary of State*

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