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TRANSMITTAL LETTER

TO: Registration Section

Division of Cor			
SUBJECT: ZN	Name of Corporation - r	IN CORPORI	9TES
Dear Sir or Madam:	•	A NOT-FOR-PRO	FIT CORPORATION 501(C)(
Affairs in Florida", "Cert	on by Foreign Not for Profit Conficate of Existence, and check to conduct its affairs in Floric	k are submitted to registe	on to Conduct its
Please return all correspondence of C	ondence concerning this matter	to the following:	
NOOCK! L,	(Name of De	ereon)	· · · · · · · · · · · · · · · · · · ·
_	Mc INNES (Name of Pe	213011)	
IN COLLABOR	RATION, INC. (Firm/Com)		
	(Firm/Com	pany)	
29-27 Qu	EENS PLAZA NO	RTH ROOM S	08
LONG ISLAND	(Addres	11101-400	1
For further information co	oncerning this matter, please c	all:	
(Name of Person)	McInnes at (7)	18 391-03: rea Code & Daytime Tele	phone 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 th	e 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	NCOLLABOI	PATION, I	ENCORPOR	PATES	
in language present. "Co	orporation: must include as will clearly indicate ompany" or "Co." may:	the word "INCORPO that it is a corporation not be used as a corporation	ORATED" or "CORP instead of a natural porate suffix by a nonp	ORATION or words or person or partnership if no rofit corporation.)	abbreviations of like import ot so contained in the name at
2. NE	W YORK ST	ATE	3. /3-	3352849 (FEI number, if	
(State of Co		which it is incorporate G C /	ж.) О- .	(PEI RURGE, H	applicable)
4	(Date of Incorporat	/ 66 ion)	5 (Duration	PETUAL on: Year corp. will cease t	o exist or "perpetual")
6.	TOBER, 2	2004		501, 617.1502, and 817.	
(Date	corporation first condu	cted Affairs in Florid	a - See sections 617.1	501, 617.1502, and 817.	155, F.S.)
7. 29-	27 QUEENS	PLAZA NO.	Room 508	LUNG ISLAND	City NY 11101-40
29-	27 Queens	PLAZA NO	, Room 508	LONG ISLAND	City NY 11101-40
	NOT-	FOR-PROPIE	rent mailing address)		,
8. PROV	ING ARTS	IN EDUCATI	SEAVICE	to be carried out in the st	C SCHOOLS
	(Purpose(s) of corpo	oration authorized in	home state or country	to be carried out in the s	tate of Florida)
				Mail Drop Box <u>NOT</u> a	
Name	ROBERT	C. MCINNE	ξÇ		F OF AUG
Office Addres	ss: <u>3665</u> Sac	LARE WEST	LANE	34238 (Zip Ccde)	FIL MANG 26
	Canan			24/22 b	
	OPTICAS O	7 /1 (City)	, Florida	74238 (7in Ccde)	3 3
		(-1.)/		(asp occo)	
10. Register	ed agent's acceptan	ce:			<u> </u>
aesienatea	in this application. I	hereby accept the	appointment as rec	ristered avent and avra	i corporation at the place se to act in this capacity.
I further a duties, and	gree to comply with a I am familiar with a	the provisions of a nd accept the oblig	ll statutes relative to ations of my positi	o the proper and comp on as registered agent	lete performance of my
			\circ		
	X	Swit !	Meson	<i>a</i>	
		(Regist	ered 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 WHIFE-THORNE
Address: 121 LONG-FELLOWST, HANTSMALE, NY 10530
Vice Chairman: ELAINE LAMONT
Address: 87-78 253rd ST. Benefore NY 11476
Director: ANDREW SALBOAR
Address: 633 Leonard ST ARLYN, Ny 11222
Director: ECLEN ROBISIAS
Address: 106 MARK LANE, ATLANTIC BEACH, NY 11509
B. OFFICERS President: PHYLLIS CHAITE-THORNE
Address: 101 Land FENOW ST. HARTSLAKE, NY 19530
Vice President: APPREW SALGADO
Address: 633 LEUMARD ST. BROOKING, NY 11222
Secretary: SUZANAG FATHI
Address: ROS WEST GOD AVENUE NY NY 10023
Treasurer: CHRISTING PRENDERGAST
Address: 341 West 88th 87. NY NY 10024
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. ANDREW SALGADO, EXECUTIVE DIRECTOR (Typed or printed name and capacity of person signing application)

State of New York 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.

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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