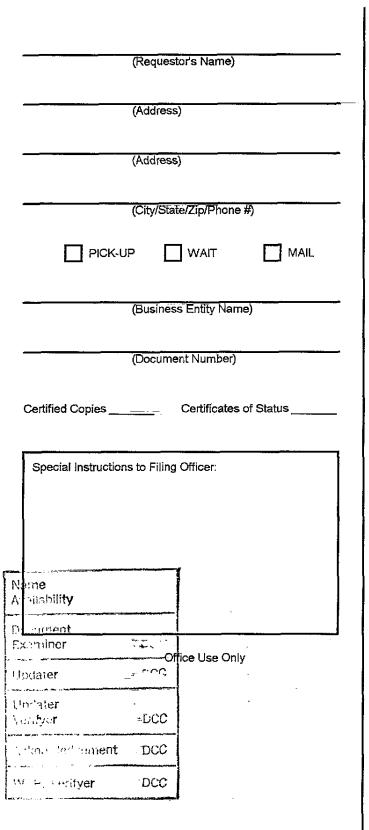
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2001 OCT -B A II: 58
SECRETARY OF STATE
ALLAMASSES TO THE



TRANSMITTAL LETTER

TO: Registration Section Division of Corporations			
SUBJECT: X DOS OF YOUTH Foundation, IX (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: La Tonda James (Name of Person)			
Xposore Yorth Fondation, INC			
Že a			
1420 NW 138 St (Address)			
Miam, Pc 33167			
(Only/state and Zip Code)			
For further information concerning this matter, please call:			
(Name of Person) at (305) SO2-9764 (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			

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:
1. (Name of opporation: 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. Grade or country under the law of which it is incorporated) 36-4492031 (FEI number, if applicable)
4. SIY 2002 5. ER PETUAL (Date of Incorporation) Duration: Year corp. will cease to exist or "perpetual")
6 9/23/04
(Date first conducted affairs in Florida if prior to registration, See sections 817.1501 & 817.1502, F.S., to determine penalty liability.) 7. 253 White Circle Atlanta, 6A 32314 (Principal office address)
253 Whitaker Circle Atlanta, 6A 20314
(Current mailing address)
8. Done's tic Non-Profit - Youth Organization - Cultivial Mite (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: LA JONGA JAMES
Office Address: $1420 NW 138 ST$
MIAM (City) Florida 33 16 7 85 85
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.
tatorde la
(Registered Aenr'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: Anthony Fulton			
Address: 127 Peachtree St Sorte 630			
Atlanta, GA 30303			···-
Vice Chairman: Staci Taylor		·····	
Address: 416 Orchard Walk	· · · · · · · · · · · · · · · · · · ·	<u></u>	
Stune Mantain, 6A 20087	······	·	
Director: Jodd Tellman	. <u></u>		
Address: 17 West Peachtree St			
Atlanta, GA 30313	<u>.</u>		
Director:			
Address:	_ <u>₹</u> _	-	

B. OFFICERS	TAR		E TOWNS
President: La londa James		∞ →	_II
Address: 1420 nw 138 St	— 63 - 1,8 3		7
Mi Ami, FL 33167	<u>J</u> Fi	<u>ග</u>	
Vice President:			
Address:	·	·	
AT SICK		·	
Secretary: Cating Jetterson			
	30314	··	
Treasurer: TASITA WHIMED-BRASWEU			
Address: 405 Hanson Worham, NC 27716			
NOTE: If necessary, you may attach an addendum to the application listing additional officer	rs and/or di	rectors	
13. /9 /oner /a	S MIXW OF GE	icciois.	
(Signature of Chairman, Vice Chairman, or any officer disted in number 12 of the a	pplication)		
14. La londa James - Les den T (Typed or printed name and capacity of person signing application))		

Secretary of State

Corporations Division
315 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

DOCKET NUMBER : 042580922
CONTROL NUMBER : 0214164
DATE INC/AUTH/FILED: 03/14/2002
JURISDICTION : GEORGIA
PRINT DATE : 09/14/2004
FORM NUMBER : 211

XPOSURE & YOUTH FOUNDATION, INC. LATONDA JAMES 1420 NW 138 ST MIAMI, FL 33167

CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

XPOSURE YOUTH FOUNDATION, INC. A DOMESTIC NONPROFIT CORPORATION

was formed in the jurisdiction stated above or was suchofized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the abovenamed entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



Ally Cop

Cathy Cox Secretary of State