## F04000006880

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

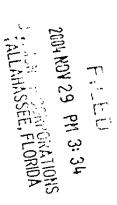
Enclosed is a packet of information that you requested for the Certificate of Authority Foreign Nonprofit Corporation.

We are a non-profit, non stock corporation, and we do not have any members.

Contact Information FAIRSTREAM INC. Aline Lewis 420 NW Fifth Street Suite 4B Evansville, IN 47708 1-800-991-3247 ext. 213 FAX: 1-866-202-3173

If you have any question or concerns please feel free to call me!

Thank you for your time, Aline Lewis



## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations			
SUBJECT: FairStream Inc. (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:			
Aline Lewis (Name of Person)			
Fairstream Inc (Firm/Company)			
Fairstream Inc (Firm/Company)  NOO N.W. FIFth Street Suite 4B			
(Address)			
Evansville Indiana 40708 (City/State and Zip Code)			
For further information concerning this matter, please call:			
Aline Lewis at (1-80) 991 3247 ext. 213 (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

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. (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. State or country under the law of which it is incorporated)  4. Date of Incorporation)  3. (FEI number, if applicable)  Couration: 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. 420 NW FIFTH Street Suite HB Evansville Indiana 47708  (Principal office address)  420 NW FIFTH Street Suite HB Evansville Indiana 47708  (Current mailing address)
8. Counseling education, and debt management program (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Elorida)  9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Business Filings Incorporated  Office Address: low Fast Jefferson Street  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.

(Registered Aent's signature) Schiff, AVP

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: Andrew Smith Wyndolyff, Evansville Indiana 47711 Vice Chairman: Address:\_ Director: Fline Lewis W. Mt. Pleasant Rd. Evansville Indiana Director:\_ Address: B. OFFICERS President: Andrew Smith Clyff, Evansville Indiana 47 Vice President: Address: Secretary:\_ Address:

NOTE:	If necessary you may attach an addendum to	the application listing additional officers and/or directors.
13	_ d Sir St	
	(Signature of Chairman, Vice Chairman, or	any officer listed in number 12 of the application)
14	Anarew Gill Smith	Chairman
(Typed of printed name and capacity of person signing application)		

Treasurer:\_

Address:\_\_\_\_

## State of New York **Department of State**

I hereby certify, that the Certificate of Incorporation of FAIRSTREAM, INC. was filed on 01/11/2002, under the name of UNIDEBT, INC., 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.

A Certificate of Amendment UNIDEBT, INC., changing its name to FAIRSTREAM, INC., was filed 05/09/2003.

> Vitness my hand and the official seal the Department of State at the City of Albany, this 29th day of October treo thousand and four.

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