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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TRAGEDY ASSISTANCE PROGRAM FOR SURVIVORS, INC. ("TAPS")
(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 correspondence concerning this matter to the following:

JOHN P. McKIM, CPA
(Name of Person)

JOHN P. McKIM, CERTIFIED PUBLIC ACCOUNTANT
(Firm/Company)

10 WEST STREET
(Address)

ANNAPOLIS, MARYLAND 21401
(City/State and Zip Code)

For further information concerning this matter, please call:

JOHN P. McKIM at (410) 263-1204
(Name of Person) (Area Code & Daytime Telephone Number)

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CORPORATION DIVISION
MAY 19 11:50 AM '80

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Washington 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. TRAGEDY ASSISTANCE PROGRAM FOR SURVIVORS, INC. ("TAPS")
(Name of corporation must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in its name. If the name of the corporation does not include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in the name, the name of the corporation must indicate that it is a corporation instead of a natural person or partnership if not so contained in the name of the corporation. The word "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)
- 2. ALASKA
(State or country under the law of which it is incorporated)
- 3. 92-0152268
(FEI number, if applicable)
- 4. 10/11/1994
(Date of Incorporation)
- 5. PERPETUAL
(Duration: Year corp. will cease to exist or "perpetual")
- 6. N/A
(Date first conducted business in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S., to determine penalty liability.)

7. 1621 CONNELL AVENUE, NW, SUITE 300, WASHINGTON, DC 20009
(Principal office address)

220 WEST STREET, ANNAPOLIS, MARYLAND 21401
(Current mailing address)

8. PROVIDE NATIONAL MILITARY SURVIVOR PEER SUPPORT NETWORK, OFFERING GRIEF COUNSELING REFERRAL, INFORMATION
(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: TAPS CORPORATION SYSTEM

Office address: 5, PINE ISLAND RD

ANNAPOLIS, Florida 38324
(City) (Zip Code)

954-473-5503
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 SECRETARY OF STATE
 FLORIDA
 OCT 11 1994

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.*


 Judith B. Argao
 Asst. Secretary & V. Preside.
 (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. DIRECT

Chairman: ERIC CARROLL
Address: 1 CONNECTICUT AVENUE, NW, SUITE 300
WASHINGTON, DC 20009

Vice Chairma
Address: _____

Director: ERIC CARROLL
Address: 16 CONNECTICUT AVENUE, NW, SUITE 300
WASHINGTON, DC 20009

Director: DANIEL SUDNICK
Address: 162 CONNECTICUT AVENUE, NW, SUITE 300
WASHINGTON, DC 20009

B. OFFICER:

President: ERIC CARROLL
Address: 1621 CONNECTICUT AVENUE, NW, SUITE 300
WASHINGTON, DC 20009

Vice President:
Address: _____

Secretary: DANIEL SUDNICK
Address: 1621 CONNECTICUT AVENUE, NW, SUITE 300, WASHINGTON, DC 20009

Treasurer: DANIEL SUDNICK
Address: 1621 CONNECTICUT AVENUE, NW, SUITE 300, WASHINGTON, DC 20009

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

13. Daniel R. Sudnick 4/29/05
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. DANIEL SUDNICK, SECRETARY/TREASURER
(Typed or printed name and capacity of person signing application)

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Alaska Entity # 54777D

State of Alaska
Department of Commerce, Community, and Economic
Development

CERTIFICATE
OF
GOOD STANDING

THE UNDERSIGNED, as Commissioner of Commerce, Community, and Economic
Development of the State of Alaska, and custodian of corporation records for said state,
hereby certifies that

TRAGEDY ASSISTANCE PROGRAM FOR SURVIVORS (TAPS)

on the 9th day of August, 2002 filed in this office its Articles of Incorporation, as a Nonprofit
Corporation organized under the laws of this state.

I FURTHER CERTIFY that said Nonprofit Corporation is in good standing, having fully
complied with all the requirements of this office.

No information is available in this office on the financial condition, business activity or
practice of this corporation.

IN TESTIMONY WHEREOF, I execute this certificate and
affix the Great Seal of the State of Alaska on the 9th day of
March, 2005.

Edgar Blatchford

Edgar Blatchford
Commissioner



Certification Number
Verify this certificate

1
<https://myalaska.state.ak.us/business/soskb/verify.asp>