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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

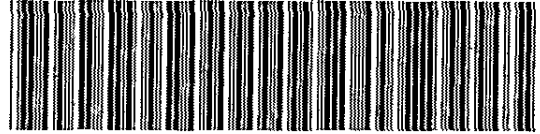
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

MRS
5/17

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: The Lynx Project, 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:

Laura Restrepo

(Name of Person)

The Lynx Project, Inc.

(Firm/Company)

195 Bay Colt Road

(Address)

Alpharetta, Georgia 30004

(City/State and Zip Code)

For further information concerning this matter, please call:

Laura Restrepo

(Name of Person)

at (404) 271-9354

(Area Code & Daytime Telephone Number)

MAILING ADDRESS:
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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. The Lynx Project, Inc.
(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. Georgia 3. 37-1542750
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 11/10/1998 Reinstated 04/02/2007 5. Perpetual
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. N/A
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S., to determine penalty liability.)
7. 195 Bay Colt Road, Alpharetta, Georgia 30004
(Principal office address)
- 195 Bay Colt Road, Alpharetta, Georgia 30004
(Current mailing address)
8. To focus on domestic and international help-related HIV/AIDS projects to reduce the spread of AIDS/sexually transmitted diseases/homelessness
(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: Laura Restrepo

Office Address: 12315 Country Day Circle

Fort Myers, Florida 33913
(City) (Zip Code)

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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.

Laura Restrepo
(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.

[Signature]
5/2/07



12. Names and addresses of officers and/or directors:

A. DIRECTORS

Chairman: Laura Restrepo

Address: 195 Bay Colt Road
Alpharetta, Georgia 30004

Vice Chairman: Monique Spence

Address: P. O. Box 813291, Smyrna
Smyrna, Georgia 30081

Director: Ryan Mahens

Address: 79 Ward Drive
Ellenwood, Georgia

Director: Carmen Bolivar

Address: 12880 Veer Park Lane,
Alpharetta, Georgia 30004

B. OFFICERS

President: Laura Restrepo

Address: 195 Bay Colt Road
Alpharetta, Georgia 30004

Vice President: Geraldine Nzeribe

Address: 2657 Lenox Road, Unit 139
Atlanta, Georgia

Secretary: Carmen Bolivar

Address: 12880 Veer Park Lane, Alpharetta, Georgia 30004

Treasurer: Monique Spence

Address: Post Office Box 813291, Smyrna, Georgia 30081

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

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

14. Laura Restrepo, President and Chief Executive Officer
(Typed or printed name and capacity of person signing application)

[Signature] 5/12/07



STATE OF GEORGIA

Secretary of State

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

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TALLAHASSEE, FLORIDA

CERTIFICATE OF EXISTENCE

I, Karen C Handel, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

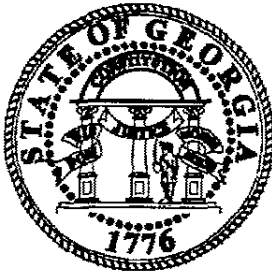
THE LYNX PROJECT, INC.

Domestic Non-Profit Corporation

was formed or was authorized to transact business on 11/10/1998 in Georgia. 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 above-named 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.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 12th day of May, 2007

Karen C Handel
Secretary of State