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SECRETARY OF STATE

FEB 6 2008 D. A. WHITE

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: The TCLA DaSilva Foundation Irc. (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:
Airam Dasika (Name of Person)
The ICLA DASILVA FOUNDATION Inc (Firm/Company)
11-43 47 th AVENUE (Address)
LONG ISLAND CITY NY 1/10 / (City/State and Zip Code)
For further information concerning this matter, please call:
Airan Da Silva at 212 593-1807 (Name of Person) (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 & \$78.75 Filing Fee & Certificate of Status Certified Copy Certified Copy



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 25, 2008

AIRAM DASILVA THE ICLA DASILVA FOUNDATION INC 11-43 47TH AVENUE LONGISLAND CITY, NY 11101

SUBJECT: THE ICLA DASILVA FOUNDATION INC.

Ref. Number: W08000004205

We have received your document for THE ICLA DASILVA FOUNDATION INC. and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6933.

Dale White Regulatory Specialist II

Letter Number: 408A00005451

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

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IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCTION OF STATE OF FLORIDA:
INCLAMASSEL, FLURIDA
1. THE ICLA DASILVA FOUNDATION 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 NEW JERSEY 3 13-3677332 (State or country under the law of which it is incorporated) (PEI number, if applicable)
4. JUNE 22, 1992 5 PERDETYAL
4. June 22 1992 5. Persont a L (Date of Incorporation) (Duration: 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. 11-43 47th. AVENUE LONG ISLAND CITY NY. 1110/ (Principal office address)
(Principal office address) / 1 /
SAME AS ABOVE
SAME AS ABOVE (Current mailing address)
8. DEVELOP MAINTAIN, AND COORDINATE THE ACTIVITIES NECESSAR (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida). MARROW DONORS TO KECRUIT ISTENTIAL DONORS FOR THE NATIONAL MARROW DONORS. 9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
TO RECRUIT POTENTIAL DONORS FOR THE NATIONAL MAINTENANCE
9. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)
Name: Carlos Wesley, JR.
· · · · · · · · · · · · · · · · · · ·
Office Address: 3000 N.E. 190 Street Apt 202
Aventura, Florida 33180 (Zip Code)
(City), Florida Joy 6 (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.
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I'AN WNVWV! I'
(Registered agents 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.

A. DIRECTORS Chairman: CELSO BIANCO MD 725 15th STREET - N.W. - SUITE 700 SECRETARY OF STATE
TALLAHASSEE, FLORIDA Vice Chairman: Address: KONALD T. VASS Address: **B. OFFICERS** President: Address: Address: Secretary: Address: Treasurer: Address: NOTE: If necessary, you may attack an addendum to the application listing additional officers and/or directors. ignature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) (Typed or printed name and capacity of person signing application)

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

STATE OF NEW JERSEY DEPARTMENT OF TREASURY SHORT FORM STANDING

FILED

THE ICLA DASILVA FOUNDATION, INC.

0100523451

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SECRETARY OF STATE TALLAHASSEE. FLORIDA

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Non Profit Corporation was registered by this office on June 22, 1992.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and registered office are:

Maria Aparecida Oliveira 75 Madison Street #9 Newark, NJ 07105



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 5th day of February, 2008

R. David Rousseau
Acting State Treasurer

Verify this certificate at https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp