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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 |
| Special Instructions to Filing Officer: |
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Office Use Only

W8-15164



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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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COVER LETTER

| TO: New Filing Section Division of Corporations | |
|---|---|
| SUBJECT: Potter's ASSOCiation for Youth & Adults, 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: | |
| Denane Barle (Name of Person) | |
| Potter's Association for youth & Adults, Ir | ¥ |
| 2230 Ortano Way (Address) Lalleland, fl 33805 (City/State and Zip Code) | 1 |
| For further information concerning this matter, please call: 8: 28 ATIONS OR ATIONS | |
| Decare Dailo at (863) 247 - 6763 (Name of Person) at (863) 247 - 6763 (Area Code & Daytime Telephone Number) | |
| MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Enclosed is a check for the following amount: STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | |
| \$70.00 Filing Fee \$78.75 Filing Fee & \$78.75 Filing Fee & \$87.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & | |



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FLORIDA DEPARTMENT OF STATE

March 24, 2008

DJENANE BAZILE 2230 ONTARIO WAY LAKELAND, FL 33805

SUBJECT: POTTER'S ASSOCIATION FOR YOUTH ADULTS.

INCORPORATED

Ref. Number: W08000015164

We have received your document for POTTER'S ASSOCIATION FOR YOUTH & ADULTS, INCORPORATED and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A brief description of the entity's nature of business must be included in the document.

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.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6973.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 008A00017420

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

| IN COMPLIANCE WITH SECTION 617.1303, PLORIDA STATUTES, THE POLLOWING IS SUBMIT REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUC IN THE STATE OF FLORIDA: | TIED TO TITS AFFAIRS |
|--|---|
| 1. Potter's Association for Joth and Adults, Inc. (Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbrevi import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if no in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.) | ations of like |
| 2. New York 3. 56-23/2574 (State or country under the law of which it is incorporated) (FEI number, if applicable) 4. 12-26-2003 5. Per Pe Wal | |
| (Date of Incorporation) (Duration: Year corp. will cease to exist or ") 6. Upy Out of Cator (Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine 7. 220 Randall Aurouf FreePort N.Y 11520 | |
| (Principal office address) 2030 Ontario Way Lall and FL 33805 To improve the live of (Current mailing address) and their Family providing an array of services that will help strong 8. Structure and meet the needs of individuals (Pemilies (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida) | then beloning |
| 9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Deal Boule Office Address: 230 Ontain Day | FILED SECRETARY OF STAT VISION OF CORPORAT 08 APR 28 AM 8: 2 |
| La | STATE PRATIONS 8: 28 |
| Having been named as registered agent and to accept service of process for the above stated corpora designated in this application, I hereby accept the appointment as registered agent and agree to act if further agree to comply with the provisions of all statutes relative to the proper and complete performations, and I am familiar with and accept the obligations of my position as registered agent. | in this capacity. I |
| (Registered Agent's signature) | |

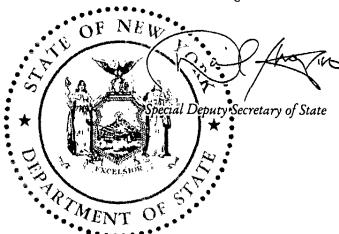
11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

| 12. Names and addresses of officers and/or directors: | SECRETARY | OF STATE |
|--|--|---------------------------------------|
| A. DIRECTORS | DIVISION OF C | ORPORATIONS |
| Chairman: Etson Barile | 08 APR 28 | AM '8: 28 |
| Address: 2230 Ontario way | | |
| Lakeland, FL 33x05' | | |
| Vice Chairman: Elda Celestin | | |
| Address: 2742 Berkford Circle | | |
| Lakeland FL, 33810 | | |
| Director: Dercal Barilo | ···· - ··· - · · · · · · · · · · · · · | |
| Address: 230 Ontario Way | | |
| Lakeland, FL 3380st | | _ |
| Director: New Amos Eugen & | | |
| Address: 7500 Amambra Blud | | |
| mugner FL 33805 | , | |
| B. OFFICERS | | |
| President: Derane Dail | | |
| Address: 2330 Ortario Way | | · · · · · · · · · · · · · · · · · · · |
| Lakeland, fl = 33805 | | |
| Vice President: Faran Chery | | |
| Address: 521 Setter Lane | <u></u> | |
| Lakeland, FL 33809 | | |
| Socretary: 7 dw. de o Tean | | |
| Address: 285 Wall all Ave Leepolt, No | y 1152c | 2 |
| Treasurer: Joggo Destro | 7 | <u> </u> |
| Address: 6017 Placid Pass Lakeland, f | 13380 | 5 |
| NOTES IS | . 00 | |
| NOTE: If necessary, you may attach an addendum to the application listing additional of | officers and/or dir | ectors. |
| (Signature of Chairman, Vice Chairman, or any officer listed in number 12 o | f the application) | |
| 14. Pesident - Denard Bari (Typed or printed name and capacity of person signing application) | Q Q tion) | |

State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of POTTER'S ASSOCIATION FOR YOUTH AND ADULTS, INC. was filed on 12/26/2003, 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 an existing corporation.

WITNESS my hand and the official seal of the Department of State at the City of Albany, this 01st day of April two thousand and eight.



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