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(Address)

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3/26/10

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: ORIZATIONAL CONCEPTS INC

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

LISA MCGOVERN

Name of Person

ORIZATIONAL CONCEPTS INC

Firm/Company

6526 S. KANNER HIGHWAY 297

Address

STUART, FLORIDA, 34997

City/State and Zip code

CRISTALNY2000@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LISA MCGOVERN

Name of Person

at (772) 781-5850

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing 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

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**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. ORIZATIONAL CONCEPTS INC

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. NEW YORK

(State or country under the law of which it is incorporated)

3. 26-2551848

(FEI number, if applicable)

4. APRIL 25, 2008

(Date of incorporation)

5. PERPETUAL

(Duration: Year corp. will cease to exist or "perpetual")

6. NONE

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 93 OSBORNE AVE, MOUNT SINAI, NEW YORK, 11766

(Principal office address)

6526 S. KANNER HIGHWAY, STUART, FL, 34997

(Current mailing address)

OR 93 OSBORNE AVE Mount Sinai NY 11766

8. ACCOUNTING AND TAX SERVICES

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: YASMIN NIXSON

Office Address: 3206 SE ASTER LANE R205

STUART

(City)

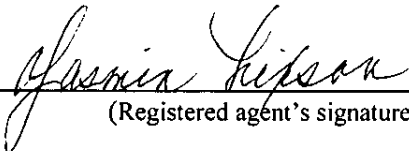
, Florida 34994

(Zip code)

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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 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 business addresses of officers and/or directors:

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A. DIRECTORS

Chairman: LISA MCGOVERN

Address: 93 OSBORNE AVE

MOUNT SINAI, NEW YORK, 11766

Vice Chairman: _____

Address: _____

Director: YASMIN NIXSON

Address: 3206 SE ASTER LANE R205

STUART, FLORIDA, 34994

Director: _____

Address: _____

B. OFFICERS

President: LISA MCGOVERN

Address: 93 OSBORNE AVE

MOUNT SINAI, NEW YORK, 11763

Vice President: _____

Address: _____

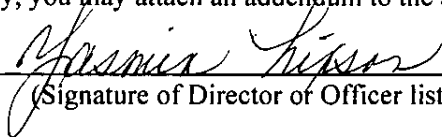
Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. 
(Signature of Director or Officer listed in number 12 of the application)

14. YASMIN NIXSON DIRECTOR

(Typed or printed name and capacity of person signing application)

State of New York
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of ORIZATIONAL CONCEPTS INC. was filed on 04/25/2008, with perpetual duration, 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.

I further certify, that no other documents have been filed by such Corporation.



*Witness my hand and the official seal
of the Department of State at the City
of Albany, this 22nd day of March
two thousand and ten.*

Daniel Shapiro
First Deputy Secretary of State

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