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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: THE POSSE FOUNDATION, 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", or "Certificate of Good Standing" 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:
Rosama Aubar
Name of Person THE POSSE FOUNDATION, INC. Firm/Company 14 Wall 8t - Svite 8460
14 Wall St - Svite 8460
New York, N.Y. 10005 ZE
New York, N. Y. 10005 City/State and Zip Code Remail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Losavia Ayhavat (312) 405-1691 EXT-335 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 \$\bigcup \\$78.75 Filing Fee & Certificate of Status \$\bigcup \\$78.75 Filing Fee & Certified Copy \$\bigcup \\$78.75 Filing Fee & Certified Copy \$\bigcup \\$78.75 Filing Fee & 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	. TA
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS THE STATE OF FLORIDA:	IIV
CAC DI C C DI DANGEL TIO	
1. THE VOSSE PONDUMIN, 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.)	
in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)	
1) out 401k	
2. (State or country under the bay of which it is incorporated) (FEI number of applicable)	
Ollne 11995	
2. New York (State or country under title law offwhich it is incorporated) 4. (Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")	
(Date of incorporation) (Duration: Year corp. will cease to exist of perpetual)	
6.	
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)	
- 14 Wall Staget - S.A. New York N. V. 10005	
7. 14 Wall Street - SA, New York, N. Y. 10005	
/	
Same as above (Current mailing address)	
(Current mailing address)	
8 Educational NOT FOR MODIT DEGANIZATION	
8. Educational NOFFOR MOST + OLGANIZATION (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)	
1000 500 1000	
Name: LARISSA RAMOS	1
Office Address: 1101 Brickell Ave, Suite 1000N	
Office Address: // Duckel Hve Solle	E.
$\frac{\mathcal{M}_{i}^{i} \wedge \mathcal{M}_{i}^{i}}{\text{(City)}}, \text{Florida} \qquad \frac{33/32}{\text{(Zip Code)}} \stackrel{\text{Respective}}{\text{(Zip Code)}} \stackrel{\text{Respective}}{\text{(Zip Code)}} \stackrel{\text{Respective}}{\text{(Zip Code)}}$)
(City) (Zip Code)	
10. Partitional and the control of t	
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.	1
further agree to comply with the provisions of all statutes relative to the proper and complete performance of my du	ies,
and I am familiar with and accept the obligations of my position as registered agent.	
Claring of and	
(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. DIRECTORS	
Chairman: JEFF UBBEN	
Address: 14 Wall Street - 8 Ale D	
New York, NY 10005	
Addition Dalling	
Vice Chairman: TO FO N 9 1 E 10 100 100	
Address: 17 WWW SPACES = 1140	
Director: (see affached List)	
Address:	
Director:	
Address:	
	2011 SE TAL
B. OFFICERS	CRET
President: Deborah Bia L	N-1
Address: 14 Wall Street - 8A6D	ms =
New York, NY 10005	9
	<u> </u>
Vice President:	
Address:	
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing additional	al officers and/or directors.
13. (Signature of Chairman, Vice Chairman, or any officer listed in number 12	Of the application
Tologo high leavilant	or the application)
(Typed or printed name and capacity of person signing appli	cation)

State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of THE POSSE FOUNDATION, INC. was filed on 01/05/1995, 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 21st day of September two thousand and seven.

Special Deputy Secretary of State

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