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COVER LETTER

TO:	New Filing S Division of C			
SUBJ	ECT: Israel I	Emergency Alliance, Name of Corporati	a CA Nonprofit Pub on – must include suffix	lic Benefit Corpor
Dear S	Sir or Madam:			
"Certi	ficate of Existen		tanding" and check are subn	tion to Conduct its Affairs in Florida nitted to register the above referenced
Please	return all corres	pondence concerning this ma	atter to the following:	
			Jerry Rothstein	
			Name of Person	
		Israe	I Emergency Alliance	
		13140	Firm/Company	
		a CA Nonpro	fit Public Benefit Corpo	ration
		P.O. Box 34106	9, Los Angeles, CA 900 Address	034-1069
		Los Angeles, Ci	A 900 3# tv/State and Zip Code	
		<u>.</u>	J	
			dwithus.com	
	t:-n	nail address: (to be used for t	uture annual report notificat	10n)
For fu	rther information	concerning this matter, plea	se call:	
		ne Rucker at (of Person	Area Code & Daytime Tel	10 Ext.142 ephone Number
	MAILING AI New Filing Sec Division of Co P.O. Box 6327 Tallahassee, FI	ction rporations	New Filing Se Division of Co Clifton Buildi	orporations ng e Center Circle
Enclos	sed is a check for	the following amount:		
\$70	0.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee. Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 6, 2010

JERRY ROTHSTEIN P.O. BOX 341069 LOS ANGELES, CA 90034-1069

SUBJECT: ISRAEL EMERGENCY ALLIANCE

Ref. Number: W10000046661

We have received your document for ISRAEL EMERGENCY ALLIANCE and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$1,100.00.

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) 245-6962.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 810A00023623

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.	Israel Emergency Alliance, (Name of corporation: must include the word "INCOI import in language as will clearly indicate that it is a cin the name at present. "Company" or "Co." may not be	TOCO RPORATED" of corporation instruction instruction	or "CORPORATION" or words or abbre ead of a natural person or partnership if	viations of like not so contained	
2.	A 110 .				
4,	December 28, 2001 (Date of Incorporation)		· · · · · · · · · · · · · · · · · · ·		
				·	
7.			os Angeles, CA 90048		
	P.O. Box 341069,	Los Angele	es, CA 90034-1069		
8.	Israel Emergency Alliance is org	anized excl	usively for educational purpos	SECRETARIAN	
	Name and street address of Florida registered age		NOT acceptable)	OCT 15	
	Name: <u>Incorp</u> Services Title Address: <u>17888 67th Court</u>	s, Inc.		PH 3	
01	Tice Address: 17888 67th Court	North		1.	(-
	Loxahatchee	, Fid	orida <u>33970</u> (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.

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.



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

A. DIRECTORS

Chairman:	SECRETARY OF STATE TALLAHASSEE, FLORIDA
Address:	· · · · · · · · · · · · · · · · · · ·
Vice Chairman:	
Address:	
Director: See attached list	
Address:	
Director: See attached list	
Address:	
B. OFFICERS President: See attached list Address:	
Vice President: See attached list Address:	
Secretary: See attached list Address:	
Treasurer: See attached list	
Address:	
NOTE: If necessary, you may attach an addendum to the application list. (Signature of Chairman, Vice Chairman, or any officer listed	_
(Signature of Chairman, Vice Chairman, or any officer listed 14. (Signature of Chairman, Vice Chairman, or any officer listed Renzer Esther Rezer, Presider (Typed or printed name and capacity of person	nt

SWU Board Members

21 Bd Member 22 Bd Member 23 Bd Member 24 Bd Member 25 Bd Member				1 1		20 Ba Memb	19 Bd Member	18 Bd Member	17 Bd Member	16 Bd Member	15 Bd Member	14 Bd Member	13 Bd Member	12 Bd Member	11 Ba Member	10 Bd Member	9 Secretary	8 Treasurer	7 Vice President	6 Vice President	5 Vice President	4 Vice President	3 Vice President	2 President) Position		
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

CERTIFICATE OF STATUS

ENTITY NAME:

ISRAEL EMERGENCY ALLIANCE

FILE NUMBER:

C2370348

FORMATION DATE:

12/28/2001

TYPE:

DOMESTIC NONPROFIT CORPORATION

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of August 12, 2010.

> DEBRA BOWEN **Secretary of State**