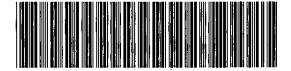
(Requestor's Name)			
(Ac	ddress)	<u> </u>	
(Ac	ddress)	<del>.</del>	
(Ci	ty/State/Zip/Phone	#)	
	☐ WAIT	MAIL	
(Bi	usiness Entity Nam	ne)	
(Do	ocument Number)		
Certified Copies	Certificates	of Status	
Special Instructions to Filing Officer:			
		,	

Office Use Only



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01/30/12--01047--001 \*\*70.00

### **COVER LETTER**

**TO:** New Filing Section Division of Corporations

SUBJECT: $\nu$	OTING FOR AMO	?1166.	
	✓ Name of Corporat	tion – must include suffix	
Dear Sir or Madam:		·	
"Certificate of Existence		Standing" and check are subn	tion to Conduct its Affairs in Florida", nitted to register the above referenced
Please return all corresp	pondence concerning this m	atter to the following:	
	Boin	Mellor Name of Person	
		Name of Person	
·	Volug 1	Firm/Company	
		Firm/Company	
	1350 1	5 START NW	, 
	S. C.	12th A001	
		Address	,
	washingto	Sity/State and Zip Code	20005
	/ C	ity/State and Zip Code	•
	bmillor 8 proje	Two le . ors future annual report notifical	rion)
. 15-11	ian address. (to be used for	ruture annuar report normea	non)
For further information	concerning this matter, ple	ase call:	
B/II. Name o	of Person at	(202) 5-5-5 Area Code & Daytime Te	y317  lephone Number
		·	
MAILING AD New Filing Sec	etion	New Filing Se	
Division of Corporations P.O. Box 6327  Division of Corporations Clifton Building			
Tallahassee, FI			ve Center Circle
Enclosed is a check for	the following amount:		
\$70.00 Filing Fee	\$78.75 Filing Fee &	\$78.75 Filing Fee &	\$87.50 Filing Fee,
870.00 Tilling Fee	Certificate of Status	Certified Copy	Certificate of Status & 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 REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

1. Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviation	
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviation import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)	ns of like contained
2. Osstrict of Culondian  (State or country under the law of which it is incorporated)  (State or country under the law of which it is incorporated)  (FEI number, if applicable)	
(State or country under the law of which it is incorporated) (FEI number, if applicable)	<del></del> ·
2/2/09 5 perportal	
4. 2/2/09 5. Derp (7.) (Date of Incorporation)  [Duration: Year corp. will cease to exist or "perp	etual")
6. (Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine pend	
7. 1350 I STreet NV workington DV 20005 (Principal office address)	<u>,                                     </u>
(Principal office address)	
Sand	
(Current mailing address)	<del></del>
8. Garonike for and participate in voter participation (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)	
(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)	SECRE VISION
8. Garol. K. For an perficient voter perficients.  (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)  Name: COMPONAL CYLATIONS NILWONE INC.  Office Address: 11380 Prosperity Farms Road # 221E  Palm Black Gardlys, Florida 33410	OF COL
Office Address: 11380 Prosperity Farms Road # 221E	PH 12:
Palm Blach Gardens, Florida 33410 (Zip Code)	13 Rose
10. Registered agent's acceptance:	
Having been named as registered agent and to accept service of process for the above stated corporation designated in this application, I hereby accept the appointment as registered agent and agree to act in the further agree to comply with the provisions of all statutes relative to the proper and complete performan	is capacity. I
and I am familiar with and accept the obligations of my position as registered agent.	
See ATTACHED (Registered agent's signature)	
rivesigner agent a alstrature i	

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.

# STATEMENT OF ACCEPTANCE OF APPOINTMENT BY DESIGNATED INITIAL REGISTERED AGENT

	l,
appoin	hereby acknowledge that the undersigned individual or corporation accepts the tment
	as Initial Registered Agent of,
	the corporation which is named in the annexed Application for Certificate of Authority.
	(Sign on this line if the registered agent named in the application is an individual. If this line is signed, the two lines below do not apply and must be left blank.)
blank.)	(If the following lines are used, the signature line above does not apply and must be left
	(If the registered agent named in the application is a corporation, type or print the name of that corporation here.)  By    Jim Perkine, Vice President
here.)	(111 danie de l'aprece of the corporation being appointed as registered agent must sign

Form F-STMNT (revised 07/03)

See Attacked

12. Names and addresses of officers and/or directors

14.	Liamités	and addresses	, OI	Officers	andio	uncetor.

A. DIRECTORS

Chairman:	
Address:	
<u> </u>	
Vice Chairman:	
Address:	
<del></del>	
Director:	
Address:	
Director:	
Address:	
B. OFFICERS	
President:	<u> </u>
Address:	ECRE ISION
	JAH 30
Vice President:	PHIZ: 14
Address:	12: - RETTO
	一
Secretary:	
Address:	
Treasurer:	
Address:	<u> </u>
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or	
13. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application	ion)
14. (Signature of Chairman, vice Chairman, or any officer listed in Jumber 12 of the application)  (Typed or printed name and capacity of person signing application)	· · · · · · · · · · · · · · · · · · ·
(Typed or printed name and canacity of person signing application)	

### Voting For America 2012 Board Roster

Renee Brereton - Chair 4429 Colorado Ave. NW Washington DC 20011

**Garland Yates - Vice Chair** 3118 Lake Avenue Cheverly, MD 20785

Christina Greer Secretary - Treasurer Fordham University-Lincoln Center Dept of Political Science 113 W 60th St - 9th Floor NY, NY 10023

Frank Askin - Director Rutgers Law School 123 Washington Street Newark, NJ 07102

Margaret Groarke - Director 3330 Giles Place Bronx NY 10463

**Craig Kaplan - Director** 214 E 18<sup>th</sup> Street NY NY 10003

**Frances Piven - Director** 35 Claremont Avenue NY NY 10027

**David O. Stewart - Director** P.O. Box 24/10801 Keswick St. Garret Park MD 20896

Michael Slater - President Executive Director, Project Vote 1350 I Street NW Washington, DC 20005

Brian Mellor - Assistant Secretary/Not a Member of the Board 1350 I Street NW Washington, DC 20005 Cell: (202) 553-4317 bmellor@projectvote.org

SECRETARY OF STATE ON SECRETARY OF CORPORATIONS

12 10H 30 PH 12: 14

### GOVERNMENT OF THE DISTRICT OF COLUMBIA

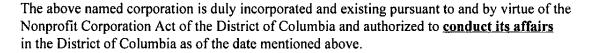
DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS CORPORATIONS DIVISION



### CERTIFICATE

THIS IS TO CERTIFY that there were received and accepted for record in the Department of Consumer and Regulatory Affairs, Corporations Division, on 2/2/2009 Articles of Incorporation of:

**VOTING FOR AMERICA** 



WE FURTHER CERTIFY that the above entitled corporation is at the time of issuance of this certificate in **Good Standing**, according to the records of the Corporations Division, having filed all reports as required by the District of Columbia Nonprofit Corporation Act.

IN TESTIMONY WHEREOF I have hereunto set my hand and caused the seal of this office to be affixed as of 12/29/2011

Vincent C. Gray Mayor

Business and Professional Licensing Administration

PATRICIA E. GRAYS

Superintendent of Corporations

Corporations Division

Tracking #: 8FGME6YMMH