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| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer | | | | |
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| Tallahassee, FL 32301 (850 |)425-5686 | |
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| Limited Liability Domestication | Change of Registered Agent Dissolution/Withdrawal | |
| Other | ☐ Merger | |
| OTHER FILINGS | REGISTRATION/QUALIFICATION | |
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| Annual Report Fictitious Name | Limited Partnership | |
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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. AMDA, Inc. (Name of corpo | ration: must include the word "INCORPOR | RATED" or "CORPORATION" or words or abb | previations of like |
|--|---|--|--------------------------|
| import in langua in the name at p | age as will clearly indicate that it is a corpo resent. "Company" or "Co." may not be use | oration instead of a natural person or partnership ed as a corporate suffix by a nonprofit corporati | if not so contained |
| | ollege of Performing Arts, Inc | • | <i>o,</i> |
| (If name unava | allable in Florida, enter alternate corporate | name adopted for the purpose of transacting bus | iness in Florida) |
| 2. New York | | 3. 13-2501829 (FEI number, if applicable) | |
| (State or cour | ntry under the law of which it is incorporate | ed) (FEI number, if applicable) | |
| 4. May 12, 1964 | | 5. | |
| (r. | Date of Incorporation) | 5. (Date of duration, if other than | perpetual) |
| | | . See sections 617.1501 & 617.1502, F.S, to deter | |
| (Date first cond | ucted affairs in Florida if prior to registration. | . See sections 617.1501 & 617.1502, F.S, to deter | mine penalty liability.) |
| 7. 1395 Brickell . | Avenue, Suite 943, Miami, FL 33131 | | |
| | (Principal | office street address) | |
| 211 West 61st | Street, New York, NY 10023 | | |
| | (Current mai | ling address, if different) | |
| | | | |
| - Education: Pe | rforming Arts College | ontry to be carried out in the state of Florida) (P.O. Box NOT acceptable) | |
| (Purpose(s) of a | corporation authorized in home state or cou | intry to be carried out in the state of Florida) | 20 |
| (F (-) | | y to be during out in the state of Fronday | 21 |
| 9. Name and <u>stre</u> | eet address of Florida registered agent: | (P.O. Box <u>NOT</u> acceptable) | 2021 HAY 10 |
| Name: | CT Corporation System | | 0 = |
| Office Address: | 1200 S. Pine Island Road | , Florida 33324 (Zip Code) | SI Rd |
| | Plantation | Florido 33324 | <u> </u> |
| | (City) | (Zip Code) | 20 |
| 10. Registered Having been na designated in th | agent's acceptance: med us registered agent and to accept is application. I hereby accept the app | service of process for the above stated corporation of the corporation as registered agent and agree to stee relative to the proper and complete per position as registered agent. | poration at the place |
| | | lour Ant Suchung cred 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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total): A. DIRECTORS David Silverman ☐ Chairman □ Chairman Name: _____ Address: ____ □Vice Chairman Address: ☐ Vice Chairman New York, NY 10023 □ Director Director □ President □President ☐ Vice President ☐ Vice President ☐ Secretary ☐ Treasurer ☐Secretary ☐Treasurer ■Other: _ Other: □Other: ☐Other:_____ □Chairman Name: _____ □ Chairman Name: □Vice Chairman Address: □Vice Chairman Address: ____ □ Director □ Director □President ☐ President □ Vice President ☐ Vice President ☐ Secretary ☐Treasurer ☐ Secretary ☐Treasurer ☐ Other:_____ ☐Other: ☐Other: □Chairman Name: □ Chairman Name: □Vice Chairman Address: □ Vice Chairman Address: □ Director ☐ Director □President □President □Vice President □Vice President ☐ Secretary ☐Treasurer □Secretary □Treasurer Other: □Other:____ Other:

NOTE: Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

(Signature of Chairman, Vice Chairman, or any officer listed is number 12 of the application)

State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of AMDA INC. was filed on 05/12/1964, 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 28th day of April two thousand and twenty-one.

Braden C Higher

Brendan C Hughes
Executive Deputy Secretary of State