F95000003720

TO: QUALIFICATION/REGISTRATION SECTION DIVISION OF CORPORATIONS

W15-7296

SUBJECT: INTERNATIONAL VALIDATION FORUM, IVG.
(Name of corporation)
Dear Sir or Madam: The enclosed "Application by Foreign Not For Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", and check are submitted to register; the above referenced foreign nonprofit corporation to conduct its affairs in Florida.
Please return all correspondence concerning this matter to the following:
TANIE SPIELTON (Name of Person)
INTERNATIONAL VALIDATION FORUM, INC. (Firm/Company)
P.O. BOX 4080 (Address) 37.011 300001447243
KEY WEST, FL. 33041 *****70.00 ******70.00 (City, State and Zip Code)
For further information concerning this matter, please call:

COURIER ADDRESS:

JANIE SPELTON

Qualification/Registration Sec. Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 MAILING ADDRESS:

Qualification/Registration Sec. Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Area Code & Daytime Telephone Number

II.



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

April 5, 1995

INTERNATIONAL VALIDATION FORUM, INC. JANIE SPELTON P.O. BOX 4080 KEY WEST, FL 33041

SUBJECT: INTERNATIONAL VALIDATION FORUM, INC.

Ref. Number: W95000007296

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

You must list your Federal Employer Identification Number in the appropriate block. If applied for, enter "applied for", or if not applicable, enter "N/A".

The date first transacted business in Florida within the meaning of s. 607.1501, F.S., must be set forth in section 6 of the application. If the corporation has not yet transacted business in Floric's within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office is required to collect the minimum civil penalty of \$500 for each year other than the application filing year, that a foreign corporation transacts business in this state without authority along with the past annual report fees due this office.)

A certificate of existence, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please list the street address of each officer/director. If the officer/director does not have a street address, list the mailing address and write (N/A).

Please return 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 (904) 487-6093.

Freta Lott Corporate Specialist Supervisor

Letter Number: 595A00015368

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 AFOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

1. INTERNATIONAL YALIDATION FORUM, INVC. (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.)	
2. NEW JERSEY (State or country under the law of which it is incorporated) 3. EIN (,5-65,6406 (FEI number, if applicable)	
4. 11-7-44 5. PERPETUAL (Date of Incorporation) (Ouration: Year corp. will cease to exist or "perpetual")	•
6. LIPON GUITLIFICATION (Date corporation first conducted affairs in Florida - See sections 617.1501, 617.1502, and 817.155, F.S.)	
7. <u>P.O. Box 4080</u> PES 95	
KEY WEST FL. 33041 FR 65 77	}
8. TO CONDUCT CORPORATION BUSINESS — SEEMADENNY (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)	ir
9. Name and street address of Florida registered agent:	
JAME SPELTON (Name)	
2213 STAPLES AUE	
(Office address)	
KEY WEST , FL. 33040 , Florida , 33040 (Zip Code)	
10. Registered agunt's acceptance:	
Having been named as registered agent and to accept service of process for the above stated	ı

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.

(Registered agent's signature)

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.





New Jersey Department of State Division of Commercial Recording Certificate of Incorporation, Nonprofit (Title 15A:2-8 New Jersey Domestic Nonprofit Corporation Act)

						144		
	s to Certify that, there statute of the New Jo	e is hereby organized a corsey Statutes.	orporation unde	or and by virtue	кол	o	D	
1.	Name of Corporation	n: International Validation	on Forum, Inc.	Oh-)	,	7-94	<i> </i>	
2.	The purpose for whi	ich this corporation is or	ganized is:		Secret	ary of 8(c	iis le	
	validation. b. To set an in method for a education/tra the Certified by the Advis c. To certify value environment d. To provide s	dustry accepted standard certifying these profession and three Validation Professional (cory Board, didation professionals world laboratory and medical better working relations forum for discussion of	for validation puls, in part thrugh the grandfa (CVP) credentian eking in the plate device industra- hip between the	professionals, an ough a comprehathering of individ, or its equivalent armacoutical, bleics in the U.S. a o FDA and the	d provide a ensive iduals holdin ent, as ident plogic, and worldwic industry.	litied de. tion.	'66 (
3.	Registered Agent's 1	Name: Hersh Kozlov,	Esquire		ECRE	95 AUG		
4.		dress: 1940 Route 70 E			(A)	linema I sandra		
5.	The corporation Si x as set forth in the	nall have members. <u>x</u> Y ne bylaws. <u> </u>	es No. If forth herein (at	yes, qualificatior tach).	will be			
6.		ntions of the different clane by-laws as set for			FLORID			
7.	The method of electing trustees will be: as set forth in the 'v-laws as set forth herein (attach).							
8.	The first board of trustees shall consist of <u>8</u> trustees (Minimum of three, addresses cannot be that of the corporation).							
	Name Janie Spelton Philip E. Sax Sandy Weinberg	Address 3 Northgate Village, 1810 Rolling Lane, 148 Kingwood Court,	City Media, Cherry Hill, Glen Mills,	State PA NJ PA	Zip 19063 08003 19342			
9.	The duration of the	corporation is: perpetual						

0 100 606503

10. Set forth Name and Address of Incorporator(s) (Address cannot be that of the corporation. Need one or more.):

Nama	Address	City	State	Zip
Janie Spelton	3 Northgate Village,	Media,	PA	19003
Philip E. Sax	1810 Rolling Lane,	Cherry Hill,	nj	08003
Sandy Weinberg	148 Kingwood Court,	Glen Mills,	PA	19342

- 11. Method of distribution of assets shall be:

 _____ as set forth in the by-laws. ____ as set forth herein (attach).
- 12. Other provisions: No trustee or officer shall be personally liable for damages for breach of any duty owed to the corporation or its members.

In Testimony whereof, each undersigned incorporators have caused this certificate to be signed this first day of Mpt., 1994.

Signature:

Signature:

Signature:

95 AUG -2 AH IO: 05 SECRETARY OF STATE ALLAHASSEE. FLORIO

12. Names and addresses of officers and/or directors: TRUSTED Chairman: TAME CPELTON A. Address: BOX 4030 KEY WEST . E.L. 33641 Vice Chairman: PHILLP IS SAY Address: 1810 ROLLING LANE CHERRY HILL , N.J. 18003 Director: SANDY WEINBERG Address: 148 KINGS WOOD COLIRT HILLS, PA 19342 G L に ル Director: ___ Address: _____ В. **OFFICERS** President: Address: ______ Vice President: Address: ______ Secretary: Address: ________ Treasurer: _____ Address: _____ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

(Sighature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

TRUE SAFLYDA), TRUSTEE
(Typed or printed name and capacity of person signing application)

13.



I, Secretary of State of the State of New Jersey, DO HEREBY CERTIFY that the records of this office show that the charter of INTERNATIONAL VALIDATION FORUM, INC. a non-Profit Corporation was filed in this office on the 7th day of November A.D. 1994 and so far as the records of this office show, said corporation continues as an existing Non-Profit Corporation within the State of New Jersey.

I FURTHER CERTIFY, that the location of the registered office is 1940 Rt. 70 East, Suite 200, Cherry Hill, New Jersey 08003 and the registered agent is Hersh Kozlov, Esq.



IN TESTIMONY WHEREOF, I have hereunto set my Hand and affixed my Official Seal at Trenton this 18th day of July A.D. 1995.

Course R. Hoole