F97000006678

TO: Qualification/Registration Section **Division of Corporations** 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 not for profit corporation to conducts its affairs in Florida. Please return all correspondence concerning this matter to the following:

COURIER ADDRESS:

Qualification/Tax Lien Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399

For further information concerning this matter, please call:

MAILING ADDRESS:

Area Code & Daytime Telephone Number

Qualification/Tax Lien Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

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:

3(FEI number if applicable)	
5. PERPETIAL (Duration: Year corp. will cease to exist or "nemetial")	
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= 200	- 95 97 97 97
	ARY OF STATE OF CORPORATION
•	- 3
+ C	
agent:	
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wite 3700	
ess)	
, Florida, 33602 (Zip Code)	
	y to be carried out in the state of Florida) agent:

(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: (Street address only- P. O. Box NOT acceptable)
- A. DIRECTORS (Street address only- P. O. Box NOT acceptable)

	T. SEAN LANCE
Address:	9419 TAYLOR
	CHERLAND PARK KS (66212
Vice Chair	man:
Address: _	
-	
Director: _	
Address: _	
Director: _	
Address: _	DEC.
_	
B.OFFICE	CRS (Street address only- P. O. Box NOT acceptable)
President:_	TACK EDSTROM
Address: _	11811 W 149TH OLATHE KS 66062
Vice Presid	ent: Sisau Marc
	TOOZA COUNTELL CHERIAUN PAPER RY GOZIZ
Secretary:	MARK ZYDLO
	10301 W. 4854 (SHAWNEE KS 66203
	TED MARS
	10029 CONNELL ONER AUD PARK KS 66212
NOTE: If rand/or direct	
	e of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
T. ()	Typed or printed name and capacity of person signing application)
1	(1) poor or printed name and capacity or person signing application)

STATE OF KANSAS

OFFICE OF SECRETARY OF STATE RON THORNBURGH



To all to whom these presents shall come, Greetings:

I, RON THORNBURGH, Secretary of State of the state of Kansas, do hereby certify that I am the custodian of records of the State of Kansas relating to corporations and that I am the proper official to execute this certificate.

I FURTHER CERTIFY THAT

NINE MONTHS ADOPTIONS, INC.

is a regularly and properly organized not for profit corporation under the laws of the state of KANSAS, having been incorporated in Kansas on the 18th day of November, A.D. 1996 and has paid all fees due this office and is in good standing according to records now on file in the office of Secretary of State.

SECRETARY OF STATE
DIVISION OF CORPORATIONS



In testimony whereof:
I hereto set my hand and cause
to be affixed my official seal.
Done at the City of Topeka, this
5th day of December, A.D. 1997

RON THORNBURGH SECRETARY OF STATE