To: Qualification/Tax Lien Section Division of Corporations

| SUBJECT: | CHILDREN & FAMILIES, INC. | , , , , , , |
|--|---|------------------------|
| | (Name of corporation - must include suffix) | |
| Dear Sir or Ma | adam: | |
| The enclosed "Certificate of transact busine | "Application by Foreign Corporation for Authorization to Transact Bus Existence", and check are submitted to register the above referenced foress in Florida. | oreign_corporation to |
| Please return a | The first section of the control of | |
| | Sheldon Engelhard | CO CO CARA |
| | (Name of Person) | |
| | Sheldon Engelhard, P.A. | |
| | (Firm/Company) | en en |
| | 5355 Town Center Rd., Suite 801 | , |
| | If 3/21 | |
| | Boca Raton, FL 33483 | Jf. 120 |
| | | |
| Should you ne | ed to call someone concerning this matter, please call: | |
| | eldon Engelhard at (561) 750-7601 | |
| (Nam | ne of Person) (Area Code & Daytime Telephone) | NUIIIOCI) |

COURIER ADDRESS:

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

MAILING ADDRESS:

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

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

| 1. | CHI | LDREN & FAMILII | ES, INC. | | | | | | |
|-----|----------------------------|--|----------------|-------------|---------------------------|-------------------|---------------|---------------------|---------------------------------------|
| | words or abbrevia | tion; must include the wor tions of like import in lan partnership if not so conta | guage as will | clearly ind | icate that it is a | | | | |
| 2. | Ne | w York | | 3 | 13-38888 | 58 . | | | |
| | (State or country u | nder the law of which it is | incorporated |) | (FE | I number, if a | applicable) | • | |
| 4. | 5/2 | /96 | 5 | - | perpetu | al | - | | |
| | | of incorporation) | | (Duration | perpetu: Year corp. wi | ill cease to ex | ist or "perpe | tual") | |
| 6. | Upo | n qualification | 1 | | | | | | |
| | (Date first tr | ansacted business in Flori | da.) (SEE SE | CTIONS 60 | 7.1501, 607.150 | 02 and 817.1: | 55, F.S.)_ | | · · · · · · · · · · · · · · · · · · · |
| 7. | 5355 Town Center Rd., #801 | | | | | | | 38 | |
| | Boca Rate | on, F1 33483 | | . 72 | | | | | |
| | | (C | urrent mailing | g address) | | | 60.7 | <u>လ</u> | 7.752 1.456 |
| 8. | Any 1 | awful act or ac | tivity | | | | | | - N°/2 - ¥ Z |
| | (Purpose(s) | of corporation authorized | in home state | or country | to be carried ou | it in state of I | | 당 - 기 | Trans. |
| 9. | Name and street | address of Florida re | istered age | nt: (P.O.) | Box or Mail D | rop Box <u>NO</u> | T acceptab | le) | |
| | Name: | Sheldon Enge | lhard | | | | | | |
| Ofi | fice Address: | 5355 Town | Center | Road, | Suite 801 | | | | |
| | _ | Boca Rator | l . | | Florida, | 33481 | | | |
| | | | | | (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.

(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) Chairman: Jay Fox Address: 880 Third Ave. New York, NY 10022 Vice Chairman: Address: Director: Address: B. OFFICERS (Street address only - P.O. Box NOT acceptable) President: _____ Jay Fox Address: ___ 880 Third Ave. New York, NY 10022 Vice President; Address: Secretary: Jay Fox Address: 880 Third Ave. New York, NY 10022 Treasurer: Address: ____ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

Jay Fox, Chairman

(Typed or printed name and capacity of person signing application)

State of New York Department of State

I hereby certify, that the certificate of incorporation of CHILDREN & FAMILIES, INC. was filed on 05/02/1996, with perpetual duration, and that a diligent examination has been made of the index of corporation papers filed in 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 a subsisting corporation.

I further certify, that no other certificates have been filed by such corporation.

Witness my hand and the official seal of the Department of State at the City of Albany, this 12th day of March
**one thousand nine hundred and

A Special Deputy Secretary of State

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