TO: Qualification/Registration Section

Division of Corporations
SUBJECT: National Organization of Circumcision Information (Name of Corporation) Resource Centers 200002736622-6
· 2000027366226 -01/11/9901099002 *****70.00 ******70.00
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:
Bruce Editor Rose (Ed) W99-706 (Name of Person)
MOCIRC of Florich Bracola 35 5
7/2 Underwood Ave #90/K SSR 9 TO CANDERSON CANDERSON THE PORT OF T

For further information concerning this matter, please call:

(Name of Person) at (85) 55 - 056/ Area Code & Daytime Telephone Number

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



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

January 11, 1999

BRUCE EDWARD ROSE NOCIRC OF FLORIDA/PENSACOLA 712 UNDERWOOD AVE #901K PENSACOLA, FL 32504

SUBJECT: NATIONAL ORGANIZATION OF CIRCUMCISION INFORMATION

RESOURCE CENTERS

Ref. Number: W99000000706

We have received your document for NATIONAL ORGANIZATION OF CIRCUMCISION INFORMATION RESOURCE CENTERS and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the corporation must contain a corporate suffix. This suffix may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

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 (850) 487-6958.

Lee Rivers Document Specialist

Letter Number: 899A00001264

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

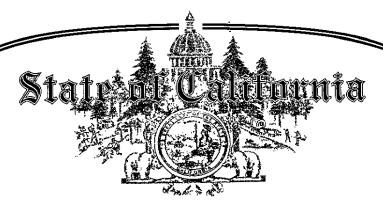
AUTHORIZATION TO CONDUCT ITS AFT AIRS IN THE STATE OF TECHEST.
1. Notation Post of Content of Co
2. (State or country under the law of which it is incorporated) (FEI number, if applicable)
4. Morch 15, 1986 5. Description (Duration: Year corp. will cease to exist or "perpetual")
6. Date corporation first conducted Affairs in Florida - See sections 617.1501, 617.1502, and 817.155, F.S.)
7. P.O. Box 25/2
8. Paid information to Outlie and health and provide a (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:
rice Edward "Fol Rose" (Name)
7/2 (Inderta) and Ayo # 90/K (Office address)
Forsacolo , Florida, 32504 (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: Address: Vice Chairman: Director: Address:____ Director:_ Address: B. OFFICERS (Street address only- P. O. Box NOT acceptable) Vice President: Address: Secretary: Address: Treasurer: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vige Chairman, or any officer listed in number 12 of the application)

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



SECRETARY OF STATE

CERTIFICATE OF STATUS DOMESTIC CORPORATION

I, BILL JONES, Secretary of State of the State of California, hereby certify:

That on the _____ day of ____ May 86

NATIONAL ORGANIZATION OF CIRCUMCISION INFORMATION RESOURCE CE

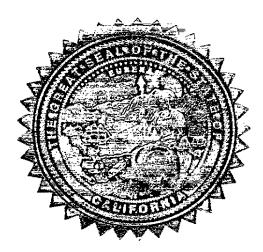
became incorporated under the laws of the State of California by filing its Articles of Incorporation in this office; and

That no record exists in this office of a certificate of dissolution of said corporation nor of a court order declaring dissolution thereof, nor of a merger or consolidation which terminated its existence; and

That said corporation's corporate powers, rights and privileges are not suspended on the records of this office; and

That according to the records of this office, the said corporation is authorized to exercise all its corporate powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition, business activity or practices of this corporation.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of December 11, 1998

Secretary of State