F99000004578

TRANSMITTAL LETTER

Qualification/Registration Section

TO:

| Division of Corporations SUBJECT: The Unicorn Children's Foundation (Name of Corporation) | ÷ |
|--|-------|
| (Name of Corporation) | |
| Dear Sir or Madam: 600029591264 -08/13/9901056003 ******87.50 ******87.50 | |
| | |
| its Affairs in Florida, "Certificate of Education in Florida." referenced not for profit corporation to conducts its affairs in Florida. | |
| Please return all correspondence concerning this matter to the following: | |
| Rhonda Benarroch (Name of Person) | - |
| (Name of Person) | |
| The Unicorn Children's Foundation (Firm/Company) | |
| 5401 NW Broken Sound Blvd. W97711131 | |
| Boca Raton Florida 33487 (City, State and Zip Code) | |
| For further information concerning this matter, please call: To Mes J. Messina, Philat (813) 631 - 5176 | - |
| (Name of Person) STREET ADDRESS: Qualification/Tax Lien Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 Afea Code & Dayline Totapass Qualification/Tax Lien Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 | |
| Enclosed is a check for the following amount: \$\Boxed{1}\$ \$70.00 \text{ Filing Fee } \Boxed{1}\$ \$78.75 \text{ Filing Fee } \& \text{Certificate of Status}\$\$\$ Certified Copy | |
| | |



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

August 18, 1999

RHONDA BENARROCH THE UNICORN CHILDRENS FOUNDATION 5401 NW BROKEN SOUND BLVD. BOCA RATON, FL 33487

SUBJECT: THE UNICORN CHILDREN'S FOUNDATION

Ref. Number: W99000019131

We have received your document for THE UNICORN CHILDREN'S FOUNDATION and your check(s) totaling \$87.50. 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) 487-6094.

Agnes Lunt Document Specialist Letter Number: 399A00041568

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:

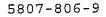
| | 916 | | | | | |
|---|--|--|--|--|--|--|
| 1 | The Unicorn Children's Foundation Inc. | | | | | |
| _ | (Name of corporation: must include the word "INCORPORATED" of CORPORATION of words of | | | | | |
| | person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.) | | | | | |
| _ | 51-1- P TILINGS 36-3996036 | | | | | |
| 2. | (State or country under the law of which (FEI number, if applicable) | | | | | |
| | it is incorporated) November 22 1994 5 Perfectual 3 | | | | | |
| 4. | November 22, 1994 (Date of Incorporation) [Duration: Year corp. will cease to exist of "perpetual") | | | | | |
| _ | August 1,1999 | | | | | |
| U. | (Date corporation first conducted Affairs in Florida - See sections 617.1501, 617.1502, and 817.155, F.S.) | | | | | |
| | | | | | | |
| 7. | 160 Greenwood Avenue | | | | | |
| | Evanston, IL 60201 (Current mailing address) The U.C.F. is a non-profit organization that supports education treatment + research on behalf of children with communication | | | | | |
| | (Current mailing address) The 11.6 F is a non-profit organization that supports education | | | | | |
| | treatment & research on behalf of children with communication | | | | | |
| 8 | (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: | | | | | |
| | Rhonda Benarroch / Director of Operations | | | | | |
| | | | | | | |
| | 5401 NW Broken Sound Blvd. | | | | | |
| | | | | | | |
| | Boca Raton Florida, 33487 (Zip Code) | | | | | |
| | (City) | | | | | |
| 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 jamular | | | | | |
| with and accept the obligations of my position as registered agent. | | | | | | |
| | | | | | | |
| | Chonda Beranoch | | | | | |

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

(Registered agent's signature)

official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

| 12. Name | es and addresses of o | fficers and/or directors: (Street address only- P. | O. Box |
|----------------|-----------------------------------|--|---------------|
| NOT | acceptable) CTORS (Street addi | ress only- P. O. Box NOT acceptable) | |
| Chairman | President | Dr. Mark Rosenbloom | |
| | | 100 Greenwood Menue | |
| Address:_ _ | (uis-Ai) | Evanston, IL 60201 | - |
| Vice Chai | rman: NA | | |
| Address:_ | N (H | | - |
| _ | | in 10 ETZ 1/2 on 10 mag | • .*. |
| Director:_ | | mr. mike Rosenbloom | · + + |
| Address:_ | | 14 Sunnyside Street | |
| | (Canada) | Westmount QC H341C1 | |
| Director:_ | | Mrs. Valerie Rosenbloom | • |
| Address:_ | | 14 sunnyside Street | |
| | (Canada) | Westmount QC H3Y1C1 | 98 |
| B. OFFI | CERS (Street addres | ss only- P. O. Box NOT acceptable) | NASSEE OF SEP |
| President | | | (a) 27/7 |
| Address: | | above | PA |
| | | | PH 1:45 |
| Vice Pres | ident: N A | | क है |
| Address: | | | |
| | | - V | |
| Secretary | | Mr. Lawrence Barres | () 221145 |
| Address: | (u.s.n.) | 4336 S. Palm Forest Dr. Delray Beh | LC 22410 |
| Treasure | ** | Mr. Daniel Rotstein | |
| Address: | (n.s.A.) | 9828 NW 2nd Court Plantation 6 | 1 33777 |
| NOTE: 1 | f necessary, you may | attach an addendum to the application listing addition | onal officers |
| and/or di | rectors. | | |
| 13 | [[] | : | |
| (Signate | \ | nirman, or any officer listed in number 12 of the application) | |
| <u>.,, </u> | (Typed or printed | d name and capacity of person signing application) | |





To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do

THE STATE ST

In Testimony Whereof, I, hereto set



| my hand and cause to be | affixed the Great Seal of |
|-----------------------------|---------------------------|
| the State of Illinois, this | 1999 |
| day of | A.D |

Desse White