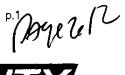
Pone 15/2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

COR	PORATIONS STATEMI		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS				SECHETARY CF SIMIL DIVISION OF COMPORATIONS 10 AUG 27 AM 10: 55			
DOCUMENT # N06000008696 1. Corporation Name AMERICAN STEP ASSOCIATION, INC							08/13	8/10 0/6	129 U03 C	120,0
		SS ~ No P.O. Box #	1	ailing Office Address			1,100	1184460	1087	
Suite, Apt. 4		MAYFAIR DR.	16394 EAST MAYFAIR DR. Suite, Apt. #, etc.				CR2E081 (6/1			
						Date Incorporated or Qualified To Do Business in Florida				
City & State		166	City & State LOXAHATCHEE			5. FEI Numbe		✓ Applied For		
Zip	LOXAHATCHEE Zip Country		Zip		ountry		<u> </u>		Not Applicable	
33470)	US	33470	u	IS		6. CERTIFICATE	OF STATUS DESIRED	\$3.75 Additional Fee required for a Certificate of Status	
Nama		7. Name and Address o	f Current Regist	ered Agent	 .		_]			
MELANIE L. BOLDEN-MORRIS										•
Street Address (P.O. Box Number is Not Acceptable) 16394 EAST MAYFAIR DR.										
Suite, Apt.	#, Etc.					***************************************				
City LOXAHATCHEE					L 33	Zip Code 3470	1			
8. 1, being Signature o		registered agent of the abo	ove named corpor	^	_	-	obligations of secti			
Registered		R	EGISTERED AGE			sirs		Date 08/23/10	At the fact announcement of the second	
9. Names	s and Street Ad	dresses of Each Officer an	d/or Director (Flo	rida nonprofit c	corporati	ons must list at f	east 3 directors)			
Titles	Name of Officers and/or Directors			Street Address of Eac Officer and/or Directo				City /	State / Zip	
V	MICHAEL MORRIS SR.			16394 EAST MAYE			FAIR DR.	LOXAHATCI	HEE, FL. 33470	
			70 7.1	NIO	7 4 5	171 1 A) 	B 8/2	1/10	
			<u>KU</u>	1/12	A	<u>i EM</u>	ENT	01-10		
				•						
^{10.} E-ma	ail Addres	ss: morrism@pbso.or	rg							
				e empowere	d to exe		ation as provided		F.S. I further certify that when	
fees cw	ved by the corp	nt application, the reason for poration have been paid. I fu								
as if made under oath. SIGNATURE:								08/23/10	561-985-4085	
		SIGNATURE AND	TYPED OR PRINT	SO NAME OF SE	GNING O	FFICER OR DIREC	TOR	Date	Daytime Phone #	





FACSIMILE TRANSMISSION

Lt. Michael Morris

DATE: 8/23/2010 **TIME:** 10:51 AM

TO: Tyrone Scott FAX NUMBER: 850-245-6017

TOTAL NUMBER OF PAGES, INCLUDING COVER SHEET: 2

REMARKS:

Per our previous conversation please take the Cashier's check for \$420.00, which was applied to the For-Profit Corporation National Stepper's Association and re-apply it to the Non-Profit American Step Association, Inc. (N060000008696)
Thank you in advance for your assistance.

THIS FACSIMILE CONTAINS PRIVILEGED AND CONFIDENTIAL INFORMATION INTENDED FOR THE USE OF THE ADDRESSEE(S) NAMED ABOVE. IF YOU ARE NOT THE INTENDED RECIPIENT OF THIS FACSIMILE, OR THE EMPLOYEE OR AGENT RESPONSIBLE FOR DELIVERING IT TO THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY COPYING OR DISSEMINATION OF THIS FACSIMILE IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS FACSIMILE IN ERROR, PLEASE IMMEDIATELY NOTIFY ME BY TELEPHONE TO ARRANGE FOR THE RETURN OF THE ORIGINAL FACSIMILE.