

Document Number Only  
**F00000007136**

C T CORPORATION SYSTEM

Requestor's Name  
 660 East Jefferson Street

Address  
 Tallahassee, FL 32301 (850)222-1092

City State Zip Phone

**CORPORATION(S) NAME**

000003510290--4  
 -12/21/00--01009--017  
 \*\*\*\*\*70.00 \*\*\*\*\*70.00

000003510290--4  
 -12/25/00--01011--003  
 \*\*\*1150.00 \*\*\*1150.00

*EFEKTA Institute, Inc.*

- Profit
- NonProfit
- Limited Liability Company
- Foreign
- Limited Partnership
- Reinstatement
- Limited Liability Partnership
- Certified Copy
- Call When Ready
- Walk In
- Mail Out
- Amendment
- Dissolution/Withdrawal
- Annual Report
- Reservation
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- Will Wait
- Merger
- Mark
- Other
- Change of R.A.
- Fictitious Name
- CUS
- After 4:30
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 TALLAHASSEE, FLORIDA

Name Availability	<i>OK 12-24</i>
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12/21

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CONNIE BRYAN  
 DIVISION OF CORPORATIONS  
 00 DEC 21 PM 12:17



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

December 22, 2000

CT CORP.  
CB

SUBJECT: EFEKIA INSTITUTE, INC.  
Ref. Number: W00000029964

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TALLAHASSEE, FLORIDA

We have received your document for EFEKIA INSTITUTE, INC. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report/uniform business report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report/uniform business report and penalty fees is \$1150.00.

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) 487-6020.

Tammi Cline  
Document Specialist

Letter Number: 700A00064793

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

12/22

**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. EFEKTA Institute, Inc.  
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. Delaware 3. 04-3414628  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. March 21, 1998 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 1/13/99 - Purchased land in Florida  
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. One Education Street  
Cambridge MA 02141  
(Current mailing address)

8. Real Estate Holding Company  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida, 33324  
(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.*

C T Corporation System  
Amy Berletti  
(Registered agent's signature)

**AMY BERTELETTI**  
**SPECIAL ASSISTANT SECRETARY**

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)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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

Chairman: N/A

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice Chairman: N/A

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: Lisbeth Hult

Address: Grev Turegatan 11A  
114 87 Stockholm, Sweden

Director: Mans Folkesson

Address: Grev Turgatan 11A  
114 87 Stockholm, Sweden

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NOV 22 11 11 AM '99  
SECRETARY OF STATE  
HARTFORD, CT

**B. OFFICERS (Street address only - P.O. Box NOT acceptable)**

President: Martha Doyle

Address: One Education Street  
Cambridge MA 02141

Vice President: N/A

Address: \_\_\_\_\_  
\_\_\_\_\_

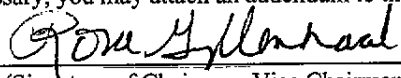
Secretary: Rosa Gyllenhaal

Address: One Education Street  
Cambridge MA 02141

Treasurer: Mans Folkesson

Address: Grev Turegatan 11A  
114 87 Stockholm, Sweden

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.   
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Rosa Gyllenhaal, Secretary  
(Typed or printed name and capacity of person signing application)

Office of the Secretary of State

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I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "EFFECTA INSTITUTE, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINETEENTH DAY OF DECEMBER, A.D. 2000.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



  
Edward J. Freel, Secretary of State

AUTHENTICATION: 0865773

2878519 8300

001637665

DATE: 12-19-00