# FO DIVENSION OF STREET OF

1024 Elysian Fields • New Orleans, LA 70117 • (504) 943-5954 • fax (504) 944-7078

August 10, 2001

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: ACORN Institute, Inc.

To Whom it May Concern:

Please find the Certificate of Authority Form for the above referenced corporation. Enclosed also find the fee for the filing. Please call me at the above number if you have any questions.

Thank you,

Tanya Campbell | 1024 Elysian Fields Avenue

New Orleans, Louisiana 70117-8402

CRETARY OF STATE

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F02-13



#### FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

December 17, 2001

DENISE PETTIJOHN 1024 ELYSIAN FIELDS AVE NEW ORLEANS, LA 70117

SUBJECT: ACORN INSTITUTE, INC.

Ref. Number: W01000028751

We have received your document for ACORN INSTITUTE, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed on and is being returned for the following correction(s):

The date first transacted business in Florida within the meaning of s. 607.1501 of 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of \$1000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report/uniform business report fees due this

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) 245-6020.

Tammi Cline Document Specialist

Letter Number: 901A00065993

### TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: _ALORN Institute, Inc. (Name of Corporation - must include suffix)	ŧ
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 conduct its affairs in Florida.	
Please return all correspondence concerning this matter to the following:	
Name of Person)	, ,
(Name of Person)	-
CCI Legal FF OF SE TO THE	
(Ritm/Company)	i
1024 Elysian Fields Ave. ST 5	
New Orleans LA 70117 (City/State and Zip Code)	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Denise Pettijohn at (504) 934-5954  (Name of Person) at (Area Code & Daytime Telephone Number)	
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399  MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314	
Enclosed is a check for the following amount:	
\$70.00 Filing Fee \$\Bigcup \\$78.75 Filing Fee & \$\Bigcup \\$78.75 Filing Fee & \$\Bigcup \\$87.50 Filing Fee, \$\Bigcup \\$Certificate of Status & Certified Copy & Certified Copy	<b>દે</b>

### FILED

## CITIZENS CONSULTING, INC. LEGAL DEPARTMENT

1024 Elyslan Fields Avenue • New Orleans, LA 70117 • (504) 943-5954 • fax (504) 944-7078

December 28, 2001

Secretary of State
Division of Corporations
Tammi Cline
P.O. Box 6327
Tallahassee, FL 32314

RE: Acorn Institute, Inc.

Dear Ms. Tasker:

Enclosed please find your letter and Application for Authority for the above referenced corporations. I added the information that was needed on number 6 for the Application for Authority.

If you have any questions, please feel free to contact me at the above telephone number. Thank you so much for your continued cooperation.

Very truly yours,

Enclosures

### 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:

ACORN Institute, Inc.			
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations in language as will clearly indicate that it is a corporation in language as will clearly indicate that it is a corporation of a natural person or partnership if not so contains	of like in d in the	nport name :	<del></del> at
2. Louisiana (State or country under the law of which it is incorporated)  4. Signature of Incorporation)  The of Incorporation  The of Incorporation of the law of which it is incorporated of the law of which i			_
(State or country under the law of which it is incorporated)  (FEI number, if applicable)			
4. 5/19/2000 5. Ferpetual  Outstion: Year compatible ease to exist of "ne	metual"		. <del></del> .
(Duramon, Total corp. with section to state of personal p	•	-	Σ.
6. Date corporation and Adducted Alland in Florida - Dee Section 17.1502, and 811.155, F.D.,			-
7. 1024 Elysian Fields Are, New Orleas CA 70117	ZS.	<u> </u>	_
(Principal office address)	CRET	JAH	
(Current mailing address)	AR.	-2	F
	EF,	PH	Ē
8. Advance interests of low & moderate income people	<del>ن در </del>	<del>- ਨੌ</del>	_
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Fiorat		2:1:2	
8. Havance in-terests of low to moderate income people  (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florid  9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)	) Sm	<i>∾</i>	
Name: CT Corporation System			
Office Address: 1200 South Pine Island, Road	<del></del> ,	n 49	
Plantation, Florida 33324 (City) (Zip Code)			
(City) (Zip Code)	•		•
10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corpora designated in this application, I hereby accept the appointment as registered agent and agree to act i I further agree to comply with the provisions of all statutes relative to the proper and complete perfo duties, and I am familiar with and accept the obligations of my position as registered agent.			
Jennifer M Surnett Jennifer  (Registered agent's signature)  Jennifer Assista			

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.

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A. DIRECTORS				
Chairman:	See Attached		Language Company	·
Address:				<u>'</u>
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B. OFFICERS				
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Vice President:				
Address:			,	
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Secretary:		<u> </u>		
Address:		<u>.</u>		
Treasurer:	<u>-</u>		<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	
Address:				
	sary, you may attach an addendum to t	he application listin	ng additional officers	and/or directors.
NOTE: If pages		no application move		
	Blurge Sature of Chairman, Vice Chairman,	<u>ئ</u>	A CONTRACTOR OF THE PARTY OF TH	

ACORN Institute, Inc.

### Officers:

President:

George Butts, 31 E. Walnut Lane, Philadelphia PA, 19144

Vice President:

Mildred Edmonds, 1618 Port Street, New Orleans LA, 70117

Secretary/Treasurer:

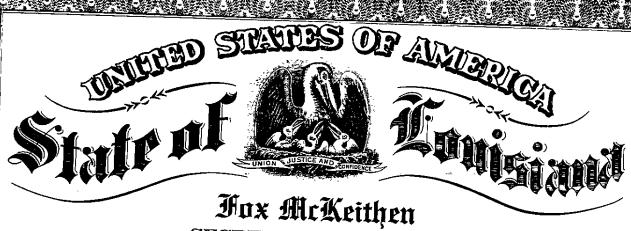
Pat Wood House, 2112 Canal Pointe, Little Rock AR, 72202

#### Directors:

Same as above, plus:

Jamie Hanson, 1024 Elysian Fields Avenue, New Orleans LA, 70117

02 JAN -2 PM 12: 42
SECRETARY OF STATE
AND ANASSEE, FLORIDA



SECRETARY OF STATE

As Secretary of State, of the State of Louisiana, I do hereby Certify that

the Articles of Incorporation of

ACORN INSTITUTE, INC.

Domiciled at NEW ORLEANS, LOUISIANA,

Were filed in this Office and a Certificate of Incorporation was issued on May 19, 2000,

I further certify that no Certificate of Dissolution has been issued.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

November 26, 2001

CLO 34943740N Secretary of State

