

Hurwit & Associates

Legal counsel for philanthropy and the nonprofit sector

www.hurwitassociates.com

May 15, 2014

1150 Walnut Street
Newton, Massachusetts 02461
Tel (617) 630-6900
Fax (617) 928-3441
Email: info@hurwitassociates.com

BY CERTIFIED MAIL

FDACS
P.O. Box 6700
Tallahassee, FL 32314-6700

Re: The Bind, Inc.
EIN: 45-4647593 / New Jersey Corporation Number 0400474809

Dear Sir or Madam:

Enclosed please find the following, submitted on behalf of the above-named organization:

1. Charitable Organization Registration Application (FDACS-10100) and necessary attachment pages;
2. IRS Determination Letter;
3. Budget; and,
4. Filing fee in the amount of \$10.00.

Please note that the budgets submitted with this application are those that were originally submitted to the IRS as a part of its application for tax-exempt status. The organization has not yet begun conducting its fundraising activities and any expenses to-date have been paid for by the President, Nithesh Wazenn. Thus, there has been no financial activity under the corporation and we are submitting the attached budgets which the corporation hopes to realize in the future as it begins its programs and fundraising programs in earnest.

Additionally, please note that The Bind, Inc. has recently changed its name from "National Initiative for Cultural Education A NJ Nonprofit Corporation" so we are attaching a Certificate of Status from NJ which indicates this change. And finally, The Bind, Inc. has recently submitted its "Application by Foreign Not for Profit Corporation of Authorization to Conduct its Affairs in Florida" to the Florida Division of Corporations.

Should you have any questions about any of the above, please do not hesitate to contact me at (617) 630-6900. Thank you.

Sincerely,



Tracey J. Bolotnick

TJB:dah
encls.

cc: Nithesh Wazenn

BROOKLINE SAVINGS BANK
MASSACHUSETTS
53-7148/2113

HURWIT AND ASSOCIATES
1150 WALNUT STREET
NEWTON, MA 02461

May 15, 2014

PAY TO THE
ORDER OF

FDACS

\$ 10.00

TEN AND 00/100

DOLLARS



AUTHORIZED SIGNATURE

MEMO

The Bind, Inc.
Charitable Organization - Registration Fee (Florida)



⑈007202⑈ ⑆211371489⑆ ⑆340002575⑈

BROOKLINE SAVINGS BANK

HURWIT AND ASSOCIATES
1150 WALNUT STREET
NEWTON, MA 02461

PAY TO: FDACS (FLORIDA DEPT. OF AGRICULTURE AND CONSUMER
SERVCS.)
AMT: \$10.00
DATE: May 15, 2014
CLIENT: THE BIND, INC.
MEMO: Charitable Organization - Registration Fee (Florida)

⑈007202⑈ ⑆211371489⑆ ⑆340002575⑈

HURWIT AND ASSOCIATES



Florida Department of Agriculture and Consumer Services
Division of Consumer Services

**CHARITABLE ORGANIZATIONS / SPONSORS
REGISTRATION APPLICATION**

ADAM H. PUTNAM
COMMISSIONER

Solicitations of Contributions Act
Chapter 496, Florida Statutes
Rule 5J-7.004, Florida Administrative Code

Make Check or Money Order
Payable to FDACS and remit
with application to:

FDACS
P.O. Box 6700
Tallahassee, FL 32314-6700

1-800-HELP-FLA (435-7352) • 850-410-3800 *Calling Outside Florida*
www.800helpfla.com • 850-410-3804 *Fax*

All documents and attachments submitted with this application are subject to public review pursuant to Chapter 119, F.S. PLEASE TYPE OR PRINT. Additional pages may be attached if additional space is needed. All fees are non-refundable.

Business Information

New Application Renewal CH _____

1. Legal Name of Organization:

The Bind, Inc.

*** Fictitious (DBA) Name:**

**If you are a Florida organization, all fictitious names must be registered with the Florida Department of State, Division of Corporations. If business is a corporation then 'Name' is the legal name of the business as listed with the Division of Corporations.*

Other Names Soliciting As:

2. Street Address (include APT or SUITE # in all address lines; addresses must match those filed with the Division of Corporations):

1901 W Grace Street

City: Tampa **State:** FL **Zip Code:** 33607 -

Mailing Address (if different from above):

City: _____ **State:** _____ **Zip Code:** _____

3. Telephone Number:

(312) 493 - 3994

Fax Number:

() -

Email Address for Organization:

nitheshwazenn@yahoo.com

Website:

www.the-bind.com

4. Registration Application Type: [ss. 496.404(1), 496.404(15), 496.404(21), F.S.]

Charitable Charitable/Parent Sponsor Sponsor/Parent

5. Form of organization: [ss. 496.405(2) (f), 496.409(2) (b), 496.410(2) (b), (c), F.S.]

Corporation LLC Partnership Sole Proprietorship
 Other (please describe): _____

Date incorporated or legally established:

2 / 28 / 2012
Month Day Year

State:

New Jersey

6. Federal Employer ID Number [s. 119.092, F.S.]:

45 - 4647593

Org Code: 42 10 06 25 000
EO: A2
Object Code: 001133 \$10.00 - \$400.00

7. List all officers, directors, trustees, and principal salaried executive personnel: [s. 496.405(2)(g)2, F.S.]
 (attach additional sheets as necessary using the same format)

Name:
Nithesh Wazenn

Title:
President & Trustee

Street Address:
1901 W Grace Street

City:
Tampa

State: FL **Zip Code:** 33607 - _____

Telephone Number: (312) 493 - 3994 **Compensated?**
 Yes No

Criminal History: Yes No
Exempt from public records [s. 119.071(4), F.S.] Yes No

Name:
Omar Qadeer

Title:
Treasurer & Trustee

Street Address:
860 Route 1 North, Suite 110

City:
Edison

State: NJ **Zip Code:** 08817 - _____

Telephone Number: (607) 731 - 0900 **Compensated?**
 Yes No

Criminal History: Yes No
Exempt from public records [s. 119.071(4), F.S.] Yes No

Name:
Allan Sabo

Title:
Clerk & Trustee

Street Address:
860 Route 1 North, Suite 110

City:
Edison

State: NJ **Zip Code:** 08817 - _____

Telephone Number: (908) 447 - 3662 **Compensated?**
 Yes No

Criminal History: Yes No
Exempt from public records [s. 119.071(4), F.S.] Yes No

Name:

Title:

Street Address:

City:

State: _____ **Zip Code:** _____ - _____

Telephone Number: (_____) _____ - _____ **Compensated?**
 Yes No

Criminal History: Yes No
Exempt from public records [s. 119.071(4), F.S.] Yes No

Name:

Title:

Street Address:

City:

State: _____ **Zip Code:** _____ - _____

Telephone Number: (_____) _____ - _____ **Compensated?**
 Yes No

Criminal History: Yes No
Exempt from public records [s. 119.071(4), F.S.] Yes No

Name:

Title:

Street Address:

City:

State: _____ **Zip Code:** _____ - _____

Telephone Number: (_____) _____ - _____ **Compensated?**
 Yes No

Criminal History: Yes No
Exempt from public records [s. 119.071(4), F.S.] Yes No

8a. List all branch offices, chapters or affiliates located in the State of Florida. (attach additional sheets as necessary using the same format)

Name: N/A	Name: _____
Street Address: _____	Street Address: _____
City: _____	City: _____
State: _____ Zip Code: _____	State: _____ Zip Code: _____
Telephone Number: (_____) _____ - _____	Telephone Number: (_____) _____ - _____
Email: _____	Email: _____

8b. If the charitable organization or sponsor does not maintain an office in Florida, provide the name, street address, and telephone number of the person having custody of the financial records.

Name: _____ **Title:** _____

Address:

City: _____ **State:** _____ **Zip Code:** _____

Telephone Number: (_____) _____ - _____ **Email:** _____

9. Have the charitable organization or sponsor or any of its officers, directors, trustees, or employees, regardless of adjudication, been convicted of, or found guilty of, or pled guilty or nolo contendere to, or been incarcerated within the last 10 years as a result of having previously been convicted of, or found guilty of, or pled guilty or nolo contendere to, any felony within the last 10 years? [s. 496.405(2)(d)5, F.S.]

Yes No **If yes,** please provide the following information for each individual: (attach additional sheets as necessary using the same format) **Please Note** individuals with a criminal history are unable to solicit funds.

Name:

Nature of offense: _____ **Date:** _____ / _____ / _____
Month Day Year

Court having jurisdiction: _____

Disposition of offense: _____ **Date:** _____ / _____ / _____
Month Day Year

Does this individual engage in solicitation activities? Yes No

10. Have the charitable organization or sponsor or **any of its officers, directors, trustees, or employees**, regardless of adjudication, been convicted of, or found guilty of, or pled guilty or nolo contendere to, or been incarcerated within the last 10 years as a result of having previously been convicted of, or found guilty of, or pled guilty or nolo contendere to, any crime involving fraud, theft, larceny, embezzlement, fraudulent conversion, misappropriation of property, or any crime enumerated in this chapter or resulting from acts committed while involved in the solicitation of contributions within the last 10 years? [s. 496.405(2)(d)6, F.S.]

Yes No If yes, please provide the following information for each individual: (attach additional sheets as necessary using the same format)

Name:

Court issuing the injunction:

Date of injunction:

____ / ____ / ____
Month Day Year

11. List name of person(s) with primary responsibility for solicitation or fundraising activities: [s. 496.405(2)(c), F.S.]

Name: Street Address: Telephone Number:
Please see attached.

Name: Street Address: Telephone Number:

Criminal History: Yes No

12. List the name, address, and telephone number(s) of person(s) responsible for the custody and final distribution of contributions: [s. 496.405(2)(g)5, F.S.]

Name: Street Address: Telephone Number:
Please see attached.

Name: Street Address: Telephone Number:

Criminal History: Yes No

13. Month/Day fiscal year ends: [s. 496.405(2)(g)3, F.S.] 03 / 31
Month Day

14. Has organization been granted tax exempt status by the Internal Revenue Service? [s. 496.405(2)(f), F.S.]

- Yes 501(c)³ If yes, you must attach a copy of the tax exemption determination letter from the IRS.
(insert number)
- No
- Pending (tax exemption determination letter must be submitted with renewal)

15. What is the purpose for which the organization is organized? (Briefly and concisely explain the purpose for which your organization was created. For purposes of public assistance and disclosure this office provides, it is best to summarize this information in your own words. Use only the space provided.) [s. 496.405(2)(b), F.S.]

The Bind was organized to teach individuals from outside the United States, including immigrants and other foreign nationals, about American laws and culture and to encourage cultural diversity through various educational and cultural exchange events.

16. What is the purpose for which the contributions will be used? (Briefly and concisely explain the purpose for which contributions will be used. Use only the space provided. Do not reference 990 or include an attachment.) [s. 496.405(2)(b), F.S.]

Contributions will be used to support the cost of the educational and cultural exchange programs run by The Bind.

17. List major program activities: (Briefly and concisely list the main activities in which your organization participates in order to accomplish the purpose stated in the previous question. Use only the space provided.) [s. 496.405(2)(g)4, F.S.]

1. Teaching Immigrants about American laws and culture

2. Teaching American students about foreign laws

3. Fund US military and law enforcement charity projects

18. Is this charitable organization/sponsor authorized by any other state to solicit contributions? [s. 496.405(2)(d)1, F.S.]

Yes No

19. Has the charitable organization/sponsor or any of its officers, directors, trustees, or principal salaried executive personnel been enjoined in any jurisdiction from soliciting contributions or been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets? [s. 496.405(2)(d)2, F.S.]

Yes No

20. Has the charitable organization/sponsor had its registration or authority denied, suspended, or revoked by any governmental agency? [s. 496.405(2)(d)3, F.S.]

Yes No If yes, please explain the reasons for the denial, suspension or revocation:

21. Has the charitable organization/sponsor voluntarily entered into an assurance of voluntary compliance (AVC) or agreement similar in any jurisdiction to that set forth in s. 496.420, Florida Statutes? (This is not common.) [s. 496.405(2)(d)4, F.S.]

Yes No If yes, attach a copy of the agreement.

22. Does the charitable organization or sponsor employ a professional solicitor? [s. 496.405(2)(e), F.S.]

Yes No If yes, attach a copy of the current contract, and provide the following information for each. (attach additional sheets as necessary using the same format)

Name:

Address:

City:

State:

Zip Code:

Telephone Number:

() -

Florida Registration Number:

SS- -

Dates of contract:

Beginning Date: / /
Month Day Year

End Date: / /
Month Day Year

23. Does the charitable organization or sponsor employ a professional fundraising consultant? [s. 496.405(2)(e), F.S.]

Yes No (attach additional sheets as necessary using the same format)

Name:

Address:

City:

State:

Zip Code:

Telephone Number:

() -

Florida Registration Number:

FC- -

Dates of contract:

Beginning Date: / /
Month Day Year

End Date: / /
Month Day Year

24. Indicate the type of financial report you are filing for the immediately preceding fiscal year: [s. 496.405(2)(a), F.S.]

- Budget (new organizations only)
- Department's financial report form - See pages 7 and 8
- 990 and all attachments - See item #24 of instructions for completing the Financial Report
- 990-EZ and Schedule O - See item #24 of instructions for completing the Financial Report

ONLY SPONSORS NEED TO ANSWER THE FOLLOWING QUESTIONS:

25. If a sponsor, answer the following: [s. 496.426, F.S.]

a. Does the organization consist of members who are individuals of whom at least 10% or 100 members, whichever is less, are actively employed as law enforcement officers or emergency service employees by an agency of the United States, this state, a municipality, or a political subdivision of this state, and who personally sign written membership agreements with the organization and pay an annual membership of not less than \$10 a member?

Yes No

b. Total number of sponsor's members:

c. Total number of members actively employed as law enforcement or emergency service employees:

d. Percentage of total net contributions, which are dispersed in the state on behalf of its members in furtherance of its stated purposes or programs (defined as the total amount of all contributions raised minus the total cost of expenses incurred in raising contributions solicited):

_____ %

CONTACT PERSON

26. Person responsible for completing this application:

Name:

Tracey Bolotnick

Telephone Number:

617-630-6900

Email:

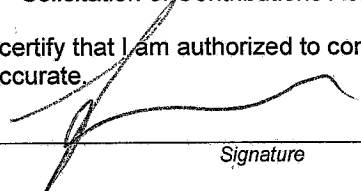
tbolotnick@hurwitassociates.com

CERTIFICATION

I, Tracey Bolotnick, am the Attorney
name *Title*
of The Bind, Inc.
Name of Organization or Company

- I am the individual who has completed the foregoing Solicitation of Contributions Registration Application;
- I have read the registration application and know the contents thereof; and
- The registration application is made for the purpose of complying with the provisions of Chapter 496, Florida Statutes, Solicitation of Contributions Act;

I certify that I am authorized to complete this registration application and that the information provided is true and accurate.



Signature

Tracey Bolotnick

Printed Name

5/15/14

Date

(617) 630 - 6900

Telephone Number

tbolotnick@hurwitassociates.com

Email Address

FINANCIAL STATEMENT

The Bind, Inc.

(Organization Name)

FINANCIAL STATEMENT OF SUPPORT/REVENUE AND EXPENSES FOR FISCAL YEAR ENDING 3 /31 /2014

NOTE: In lieu of completing the following financial statement, you may send the IRS 990 and all attached schedules or 990-EZ and Schedule O. Page 8 must be completed. Totals of columns B, C & D must equal items 10, 11 & 12 respectfully on page 7. Total of column A must equal item 13 on page 7.

Is this a consolidated financial statement? Yes No

REVENUE

1. Contributions, gifts, grants, and similar amounts received

- a. Direct public support (attach list of charitable organizations or sponsors, professional solicitors, fundraising consultants and commercial co-venturers used, if any, and the amounts received from each of them, if any. [s. 496.407(1)(c), F.S.]) 1a. 0.00
- b. Indirect public support (attach list of sources and amounts) 1b. 0.00
- c. Grants (attach list of sources and amounts) 1c. 0.00
- d. Total (add lines 1a, 1b, and 1c) 1d. 0.00

2. Inventory sales

- a. Gross sales 2a. 0.00
- b. Less cost of goods sold 2b. 0.00
- c. Gross profit (or loss) (line 2a less line 2b) 2c. 0.00

3. Special events and fundraising activities

- a. Gross revenue (not including contributions reported on line 1) 3a. 0.00
- b. Less direct expenses 3b. 0.00
- c. Net income (or loss) (line 3a less line 3b) 3c. 0.00

4. Program service revenue 4. 0.00

5. Membership dues and assessments 5. 0.00

6. Sale of assets other than inventory

- a. Gross sales 6a. 0.00
- b. Less sales expenses 6b. 0.00
- c. Net gain (or loss) (line 6a less line 6b) 6c. 0.00

7. In-kind contributions and services 7. 0.00

8. Other revenue (attach list of sources and amounts) 8. 0.00

9. TOTAL REVENUE (add lines 1d, 2c, 3c, 4, 5, 6c, 7, and 8) 9. 0.00

EXPENSES

- 10. Program services (including payments to affiliates) 10. 0.00
- 11. Management and general 11. 0.00
- 12. Fundraising 12. 0.00
- 13. **TOTAL EXPENSES** (add lines 10, 11, and 12) 13. 0.00

NET ASSETS

- 14. **Excess (or deficit) for the year** (line 9 less line 13) 14. 0.00
- 15. Net assets or fund balance at beginning of year 15. 0.00
- 16. Net assets or fund balance at end of year (add lines 14 and 15) 16. 0.00

Balance Sheet:

	(A) Beginning of Year	(B) End of Year
Cash, savings and investments	<u>0.00</u>	<u>0.00</u>
Land and building	<u>0.00</u>	<u>0.00</u>
Other assets (describe on separate sheet)	<u>0.00</u>	<u>0.00</u>
Total assets	<u>0.00</u>	<u>0.00</u>
Total liabilities (describe on separate sheet)	<u>0.00</u>	<u>0.00</u>
Total assets or fund balance	<u>0.00</u> (Line 15)	<u>0.00</u> (Line 16)

Statement of Functional Expenses

	(A) Total (sum of B, C, D)	(B) Program Services	(C) Management and General	(D) Fundraising
Grants and Allocations (cash _____ non-cash _____) (attach schedule)	0.00	0.00		
Assistance to individuals (attach schedule)	0.00	0.00		
Benefits to members (attach schedule)	0.00	0.00		
Compensation to officers, etc.	0.00	0.00	0.00	0.00
Other salaries, wages, etc.	0.00	0.00	0.00	0.00
Other benefits, pensions, etc.	0.00	0.00	0.00	0.00
Payroll taxes	0.00	0.00	0.00	0.00
Professional fundraising fees	0.00	0.00	0.00	0.00
Accounting fees	0.00	0.00	0.00	0.00
Legal fees	0.00	0.00	0.00	0.00
Supplies	0.00	0.00	0.00	0.00
Telephone	0.00	0.00	0.00	0.00
Postage and shipping	0.00	0.00	0.00	0.00
Equipment rental	0.00	0.00	0.00	0.00
Occupancy	0.00	0.00	0.00	0.00
Printing	0.00	0.00	0.00	0.00
Travel	0.00	0.00	0.00	0.00
Conferences and meetings	0.00	0.00	0.00	0.00
Interest	0.00	0.00	0.00	0.00
Insurance	0.00	0.00	0.00	0.00
Other (describe)	0.00	0.00	0.00	0.00
Other (describe)	0.00	0.00	0.00	0.00
Other (describe)	0.00	0.00	0.00	0.00
Other (describe)	0.00	0.00	0.00	0.00
Total Expenses	0.00	0.00	0.00	0.00

The Bind, Inc.
Charitable Organization Registration

Question 11: Name of persons with responsibility for solicitation or fundraising activities.

The Board of Trustees, as listed in this application, is responsible for all soliciting and fundraising activities.

Question 12: Name of persons responsible for custody and final distribution of contributions.

The Board of Trustees, as listed in this application, is responsible for custody and distribution of contributions.

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: **FEB 11 2014**

NATIONAL INITIATIVE FOR CULTURAL
EDUCATION A NJ NONPROFIT
C/O HURWIT & ASSOCIATES
TRACEY J BOLOTNICK
1150 WALNUT STREET
NEWTON, MA 02461

Employer Identification Number:
45-4647593
DLN:
17053291351002
Contact Person:
DENNIS C GRUESSER ID# 31992
Contact Telephone Number:
(877) 829-5500

Accounting Period Ending:
March 31

Public Charity Status:
170 (b) (1) (A) (vi)

Form 990 Required:
Yes

Effective Date of Exemption:
February 28, 2012

Contribution Deductibility:
Yes

Addendum Applies:
No

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

Letter 947

NATIONAL INITIATIVE FOR CULTURAL

We have sent a copy of this letter to your representative as indicated in your power of attorney.

Sincerely,



Director, Exempt Organizations

Enclosure: Publication 4221-PC

Part IX Financial Data

For purposes of this schedule, years in existence refer to completed tax years. If in existence 4 or more years, complete the schedule for the most recent 4 tax years. If in existence more than 1 year but less than 4 years, complete the statements for each year in existence and provide projections of your likely revenues and expenses based on a reasonable and good faith estimate of your future finances for a total of 3 years of financial information. If in existence less than 1 year, provide projections of your likely revenues and expenses for the current year and the 2 following years, based on a reasonable and good faith estimate of your future finances for a total of 3 years of financial information. (See instructions.)

A. Statement of Revenues and Expenses

	Type of revenue or expense	3 prior tax years or 2 succeeding tax years				(e) Provide Total for (a) through (d)
		Current tax year	(a) From 4/1/12 To 3/31/13	(b) From 4/1/13 To 3/31/14	(c) From 4/1/14 To 3/31/15	
Revenues	1 Gifts, grants, and contributions received (do not include unusual grants)	15,000	60,000	78,000		153,000
	2 Membership fees received					
	3 Gross investment income					
	4 Net unrelated business income					
	5 Taxes levied for your benefit					
	6 Value of services or facilities furnished by a governmental unit without charge (not including the value of services generally furnished to the public without charge)					
	7 Any revenue not otherwise listed above or in lines 9-12 below (attach an itemized list)					
	8 Total of lines 1 through 7	15,000	60,000	78,000		153,000
	9 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to your exempt purposes (attach itemized list)					
	10 Total of lines 8 and 9	15,000	60,000	78,000		153,000
	11 Net gain or loss on sale of capital assets (attach schedule and see instructions)					
	12 Unusual grants					
	13 Total Revenue Add lines 10 through 12	15,000	60,000	78,000		153,000
Expenses	14 Fundraising expenses	300	1,200	2,000		
	15 Contributions, gifts, grants, and similar amounts paid out (attach an itemized list)					
	16 Disbursements to or for the benefit of members (attach an itemized list)					
	17 Compensation of officers, directors, and trustees					
	18 Other salaries and wages	10,000	30,000	30,000		
	19 Interest expense					
	20 Occupancy (rent, utilities, etc.)	300	4,500	4,500		
	21 Depreciation and depletion					
	22 Professional fees					
	23 Any expense not otherwise classified, such as program services (attach itemized list)	4,000	20,000	25,000		
	24 Total Expenses Add lines 14 through 23	14,600	55,700	56,500		

NATIONAL INITIATIVE FOR CULTURAL EDUCATION A NJ NONPROFIT CORPORATION
EIN 45-4647593
Form 1023 Application for Recognition of Exemption
Attachments Page 16

PART IX, A. Statement of Revenue and Expenses

Other Expenses (Line 23)

<u>Fiscal Year:</u>	<u>02/28/2012</u> <u>12/31/2012</u>	<u>01/01/2013</u> <u>12/31/2013</u>	<u>01/01/2014</u> <u>12/31/2014</u>
1. Blue Campaign Program Exp.	1,000.00	6,000.00	6,500.00
2. Americans Beyond America Progr. Exp.	1,000.00	6,000.00	6,500.00
3. Website & Program Management	0.00	2,000.00	5,000.00
4. Postage/Delivery	0.00	500.00	1,000.00
5. Travel	0.00	500.00	500.00
6. Equipment	0.00	500.00	500.00
7. Insurance	1,000.00	2,000.00	2,000.00
8. Web Host/Operation	1,000.00	2,000.00	2,500.00
9. Meetings	0.00	500.00	500.00
Totals	4,000.00	20,000.00	25,000.00

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING

THE BIND, INC.

0400474809

With the Previous or Alternate Name

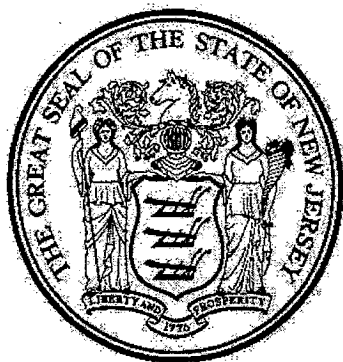
**NATIONAL INITIATIVE FOR CULTURAL EDUCATION A NJ NONPROFIT
CORPORATION (Previous Name)**

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Non Profit Corporation was registered by this office on February 28, 2012.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and registered office are:

*Omar K. Qadeer
860 Route 1 North
Suite 110
Edison, NJ 08817*



Certification# 132246499

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 15th day of May, 2014

*Andrew P Sidamon-Eristoff
State Treasurer*

Verify this certificate at
https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp