

F13000000448

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

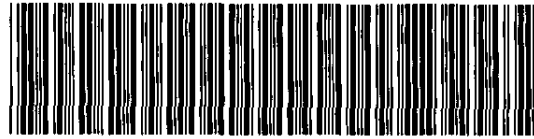
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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DEPARTMENT OF STATE

13 JAN 29 AM 10:52

FILED

13 JAN 29 PM 4:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

W3-5-69

T. Burch JAN 31 2013



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195  
REFERENCE : 512130 7333960  
AUTHORIZATION : *Stephanie Milnes*  
COST LIMIT : \$ 125.00

ORDER DATE : January 28, 2013  
ORDER TIME : 3:48 PM  
ORDER NO. : 512130-035  
CUSTOMER NO: 7333960

FOREIGN FILINGS

NAME: HFRX FOUNDATION

XXXX QUALIFICATION (TYPE: NP)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Stephanie Milnes -- EXT# 52920

EXAMINER: \_\_\_\_\_

**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** HFRX Foundation  
Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" 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:

John M. Klimek  
Name of Person

HFR  
Firm/Company

10 S. Riverside Plaza, Suite 700

Address

Chicago, Illinois 60606  
City/State and Zip Code

dbishton@hfr.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Klimek at ( 312 ) 924-0408  
Name of Person Area Code & Daytime Telephone Number

**MAILING ADDRESS:**  
New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 30, 2013

CSC  
ATTN: STEPHANIE MILNES

SUBJECT: HFRX FOUNDATION  
Ref. Number: W13000005699

**RESUBMIT**  
Please give original  
submission date as file date.

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

The name must contain a word that will clearly indicate that it is a corporation. This word 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) 245-6052.

Tim Burch  
Regulatory Specialist II

Letter Number: 113A00002255

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DEPARTMENT OF STATE  
13 JAN 30 PM 4: 22

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:

- 1. HFRX Foundation Corporation
(Name of corporation: must include the word "INCORPORATED" or "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. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)
2. Illinois 3. 20-8018497
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. March 4, 2005 5. perpetual
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. upon qualification
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)
7. 10 S. Riverside Plaza, Suite 700, Chicago, Illinois 60606
(Principal office address)

(Current mailing address)

- 8. charitable
(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: (P.O. Box NOT acceptable)

Name: HFRAM, LLC

Office Address: 17001 Collins Ave., #4304

Sunny Isles Beach, Florida 33160
(City) (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.

[Handwritten signature]

(Registered agent's signature)

- 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.

FILED
13 JAN 29 PM 4:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12. Names and addresses of officers and/or directors

**A. DIRECTORS**

Chairman: and Director Joseph G. Nicholas

Address: 17001 Collins Avenue, Unit 4304

Sunny Isles Beach, FL 33160

Vice Chairman: \_\_\_\_\_

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

Director: John M. Klimek

Address: 10 S. Riverside Plaza, Suite 700

Chicago, Illinois 60606

Director: Koula Berlin

Address: 10 S. Riverside Plaza, Suite 700

Chicago, Illinois 60606

FILED  
13 JAN 29 PM 4:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**B. OFFICERS**

President: Joseph G. Nicholas

Address: 17001 Collins Avenue, Unit 4304

Sunny Isles Beach, FL 33160

Vice President: \_\_\_\_\_

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

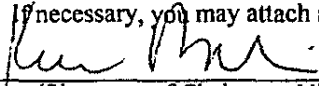
Secretary: Koula Berlin

Address: 10 S. Riverside Plaza, Suite 700, Chicago, IL 60606

Treasurer: Joseph G. Nicholas

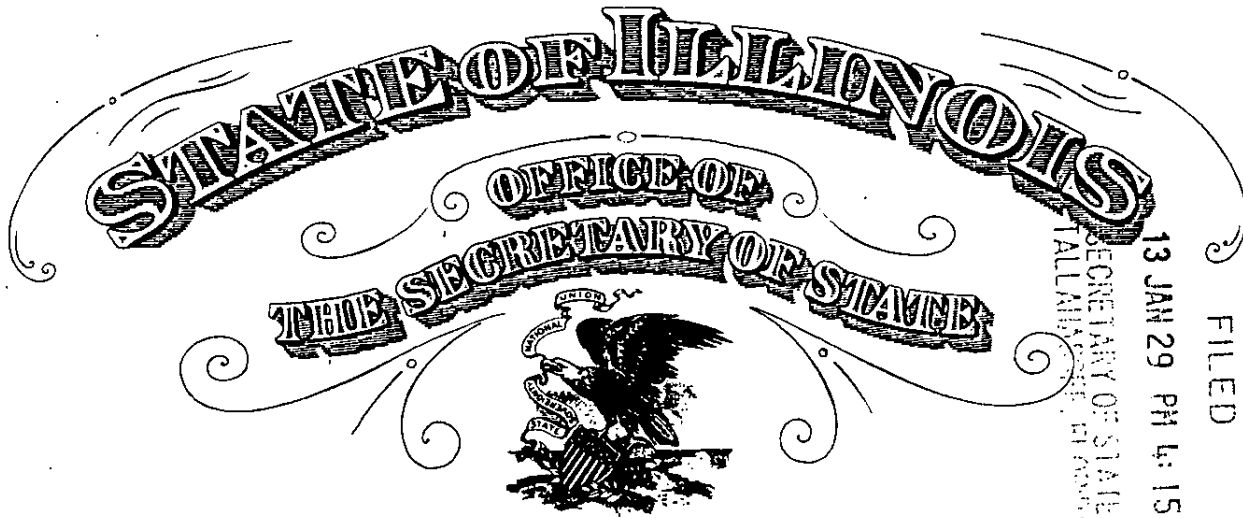
Address: 17001 Collins Avenue, Unit 4304, Sunny Isles Beach, FL 33160

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. Koula Berlin, Secretary  
(Typed or printed name and capacity of person signing application)

File Number 6411-183-3



**To all to whom these Presents Shall Come, Greeting:**

*I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that*

HFRX FOUNDATION, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MARCH 14, 2005, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



***In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 28TH day of JANUARY A.D. 2013***

*Jesse White*

Authentication #: 1302802242

Authenticate at: <http://www.cyberdriveillinois.com>

SECRETARY OF STATE