F14000000684

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MD 2/14

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Altruism in Medicine Institute
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:

Susan Riggs
Name of Person

Altruism in Medicine Institute
Firm/Company

8018 Crushed Pepper Ave
Address

Orlando, FL 32817
City/State and Zip Code

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

For further information concerning this matter, please call:

Susan Riggs at (585) 733-7735
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

February 4, 2014

SUSAN RIGGS
8018 CRUSHED PEPPER AVE.
ORLANDO, FL 32817

SUBJECT: ALTRUISM IN MEDICINE INSTITUTE (THE "CORPORATION")
Ref. Number: W14000007232

We have received your document for ALTRUISM IN MEDICINE INSTITUTE (THE "CORPORATION") and your check(s) totaling $87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Maryanne Dickey
Regulatory Specialist II

Letter Number: 214A00002504

MILBANK, TWEED, HADLEY & McCLOY LLP

601 SOUTH FIGUEROA STREET

THIRTIETH FLOOR

LOS ANGELES, CA 90017-5735

213-892-4000

FAX: 213-629-5063

NEW YORK
212-530-5000
FAX: 212-530-5219

WASHINGTON, D.C.
202-835-7500
FAX: 202-835-7586

LONDON
44-20-7615-3000
FAX: 44-20-7615-3100

FRANKFURT
49-69-71914-3400
FAX: 49-69-71914-3500

MUNICH
49-89-25559-3600
FAX: 49-89-25559-3700

BEIJING
8610-5969-2700
FAX: 8610-5969-2707

HONG KONG
852-2971-4888
FAX: 852-2840-0792

SINGAPORE
65-6428-2400
FAX: 65-6428-2500

TOKYO
813-5410-2801
FAX: 813-5410-2891

SÃO PAULO
55-11-3927-7700
FAX: 55-11-3927-7777

February 11, 2014

VIA FEDEX
02013-50060

Altruism in Medicine Institute
c/o Susan Riggs
8018 Crushed Pepper Avenue
Orlando, FL 32817

Re: California Good Standing Certificate– Altruism in Medicine Institute

Dear Ms. Riggs:

At the request of Lily Rasel, Esq. in connection with the above-referenced matter, please find enclosed the following:

1. *Original* Good Standing Certificate issued by the California Secretary of State on February 4, 2014. A copy of this document should be kept in the corporate books, along with all other documents.

Please feel free to let us know if you have any questions or concerns.

Sincerely,

Mary Hood, Legal Assistant

cc: Lily Rasel, Esq.
Enclosure

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. Altruism in Medicine Institute 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. CA
(State or country under the law of which it is incorporated)

3. 46-4369101
(FEI number, if applicable)

4. December 9, 2013
(Date of Incorporation)

5. Perpetual
(Duration: Year corp. will cease to exist or "perpetual")

6. n/a
(Date first conducted affairs in Florida if prior to registration. *See sections 617.1501 & 617.1502, F.S, to determine penalty liability.*)

7. 8018 Crushed Pepper Ave, Orlando, FL 32817
(Principal office address)

8018 Crushed Pepper Ave, Orlando, FL 32817
(Current mailing address)

8. Promote & Study altruism in Medicine
(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: Susan Riggs

Office Address: 8018 Crushed Pepper Ave

Orlando (City), Florida 32817 (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.

Susan Riggs
(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.

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12. Names and addresses of officers and/or directors

A. DIRECTORS

Chairman: _____

Address: _____

_____

Vice Chairman: _____

Address: _____

_____

Director: BARRY KERZIN, MD (executive DIRECTOR)

Address: 257 Valley Vista Drive

CAMARILLO, CA 93010

Director: _____

Address: _____

_____

B. OFFICERS

President: _____

Address: _____

_____

Vice President: _____

Address: _____

_____

Secretary: Susan Riggs

Address: 8018 Crushed Pepper Ave, Orlando, FL 32817

Treasurer: Garrett Riggs, M.D.

Address: 8018 Crushed Pepper Ave, Orlando, FL 32817

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

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

14. Susan Riggs
(Typed or printed name and capacity of person signing application)

14 FEB 13 PM 2:49

State of California
Secretary of State

CERTIFICATE OF STATUS

14 FEB 13 PM 2:49

ENTITY NAME:

ALTRUISM IN MEDICINE INSTITUTE

FILE NUMBER:	C3624572
FORMATION DATE:	12/09/2013
TYPE:	DOMESTIC NONPROFIT CORPORATION
JURISDICTION:	CALIFORNIA
STATUS:	ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of February 04, 2014.

Debra Bowen

DEBRA BOWEN
Secretary of State

MMS

NP-25 (REV 1/2007)