

F16000001717

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Special Instructions to Filing Officer:

W16-22167 Purpose

Office Use Only



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03/22/16--01005--025 \*\*70.00

FILED  
2016 APR 11 PM 3:16  
2016 MAR 21 AM 8:15  
MAY 10 2016  
MAY 10 2016

K. SALY  
EXAMINER  
APR 13



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

REC-  
2016 APR 11 PM 3:52

TALLAHASSEE, FLORIDA

March 24, 2016

SUSAN C VAN AACKEN  
ARTHUR N. RUPE FOUNDATION, INC.  
3700 STATE ST, STE. 300  
SANTA BARBARA, CA 93105

SUBJECT: ARTHUR N. RUPE FOUNDATION, INC.  
Ref. Number: W16000022167

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

The purpose contained in your articles of incorporation should be more specific. Please correct your articles to reflect the specific purpose for which the non profit corporation is being organized.

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) 245-6051.

Karen A Saly  
Regulatory Specialist II

Letter Number: 516A00006132

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ARTHUR N. RUPE FOUNDATION, INC.  
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 C. VAN AACKEN

Name of Person

ARTHUR N. RUPE FOUNDATION

Firm/Company

3700 STATE STREET, SUITE 300

Address

SANTA BARBARA, CA 93105

City/State and Zip Code

ANRF@ANRF.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SUSAN C. VAN AACKEN

Name of Person

805

at ( )

Area Code

687-8586

Daytime Telephone Number

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

**STREET/COURIER ADDRESS:**  
Registration 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

**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. ARTHUR N. RUPE FOUNDATION, INC.

(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.)

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. CALIFORNIA 3. 77-0278838  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 3/7/1991 5. NA  
(Date of Incorporation) (Date of duration, if other than perpetual)

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

7. 3700 STATE STREET, SUITE 300, SANTA BARBARA, CA. 93105  
(Principal office address)

SAME  
(Current mailing address, if different)

8. TO IMPACT AND CHANGE SOCIETY BY ALLEVIATING THE TRAUMA THAT PLAGUES  
SOCIETY'S STRUGGLES OVER CONTROVERSIAL SOCIETAL ISSUES.  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

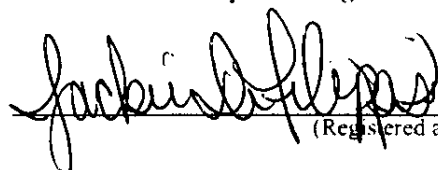
9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: INCorp SERVICES, INC.

Office Address: 17888 67TH COURT NORTH  
LOXAHATCHEE, Florida 33470  
(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.*



Jackie DeFilippis on behalf of InCorp Services, Inc.  
(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.

2016 APR 11 PM 5:16  
FILED

12. Names and addresses of officers and/or directors

**A. DIRECTORS**

Chairman: SEE ATTACHED

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

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

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

Director: \_\_\_\_\_

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

Director: \_\_\_\_\_

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

**B. OFFICERS**

President: SEE ATTACHED

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

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

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

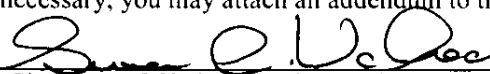
Secretary: \_\_\_\_\_

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

Treasurer: \_\_\_\_\_

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

**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. SUSAN C. VAN AACKEN, SECRETARY

(Typed or printed name and capacity of person signing application)

FILED  
2016 APR 11 PM 3:16  
NOTARIAL PUBLIC  
STATE OF CALIFORNIA

**ARTHUR N. RUPE FOUNDATION**

3700 State Street, Suite 300  
Santa Barbara, CA 93105

**12. Names and addresses of officers and/or directors**

**A. DIRECTORS:**

ARTHUR N. RUPE  
3700 State Street, Suite 300  
Santa Barbara, CA 93105

RICHARD L. HUNT  
3700 State Street, Suite 300  
Santa Barbara, CA 93105

BEVERLY M. SCHWARZ  
3700 State Street, Suite 300  
Santa Barbara, CA 93105

KIM DENNIS  
3700 State Street, Suite 300  
Santa Barbara, CA 93105

JAMES S. HUGGINS  
3700 State Street, Suite 300  
Santa Barbara, CA 93105

**B. OFFICERS:**

CHAIRMAN: ARTHUR N. RUPE  
3700 State Street, Suite 300  
Santa Barbara, CA 93105

PRESIDENT: MARK C. HENRIE  
3700 State Street, Suite 300  
Santa Barbara, CA 93105

SECRETARY: SUSAN C. VAN AACKEN  
3700 State Street, Suite 300  
Santa Barbara, CA 93105

TREASURER: RICHARD L. HUNT  
3700 State Street, Suite 300  
Santa Barbara, CA 93105

FILED  
2016 APR 11 PM 3:16  
CLERK OF SUPERIOR COURT  
SANTA BARBARA, CALIF.

State of California  
Secretary of State

CERTIFICATE OF STATUS

2016 APR 11 PM 3:16  
FALLAHSEED@CALIFORNIA.GOV

ENTITY NAME:

ARTHUR N. RUPE FOUNDATION

FILE NUMBER: C1682550  
FORMATION DATE: 03/07/1991  
TYPE: DOMESTIC NONPROFIT CORPORATION  
JURISDICTION: CALIFORNIA  
STATUS: ACTIVE (GOOD STANDING)

I, ALEX PADILLA, 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 March 04, 2016.

ALEX PADILLA  
Secretary of State