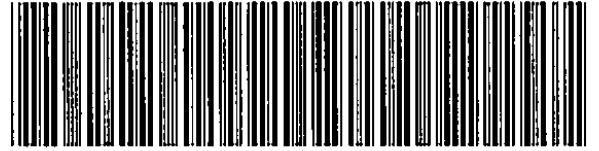


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(Requestor's Name)

(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

2020 MAY 11 PM 1:45
SECRETARY OF STATE
DEPARTMENT OF REVENUE

MAY 13 2020
M. SOLOMON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TAKE2 Second Career Thoroughbred Program, 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:

Andrea Belfiore

Name of Person

TAKE2 Second Career Thoroughbred Program, Inc.

Firm/Company

PO Box 21028

Address

Floral Park, NY 11002

City/State and Zip Code

take2tbreds@gmail.com

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

For further information concerning this matter, please call:

Andrea Belfiore

732
at ()
Area Code

673-2855

Name of Person

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. TAKE2 Second Career Thoroughbred Program 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. New York State

(State or country under the law of which it is incorporated)

3.

(FEI number, if applicable)

4. 9/23/2013

(Date of Incorporation)

5.

(Date of duration, if other than perpetual)

6. 3/1/2020

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

7. 2150 Hempstead Tpke, Elmont, NY 11003

(Principal office address)

PO Box 21028, Floral Park, NY 11002

(Current mailing address, if different)

8. Preventing cruelty to animals

(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: Andrea Belfiore

Office Address: 4995 Eucalyptus Dr.

Hollywood

(City)

Florida 33021

(Zip Code)

RECEIVED
STATE OF FLORIDA
CORPORATION DIVISION
TALLAHASSEE, FLORIDA
MAY 11 11 45 AM '13

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 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.



(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.

12. Names and addresses of officers and/or directors

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Herb Oster Michael Shanley

Address: PO Box 21028, Floral Park, NY 11002 PO Box 21028, Floral Park, NY 11002

Director: Adele Einhorn

Address: PO Box 21028, Floral Park, NY 11002

B. OFFICERS

President: Richard Schosberg

Address: PO Box 21028, Floral Park, NY 11002

Vice President: Cynthia McGreevy

Address: PO Box 21028, Floral Park, NY 11002

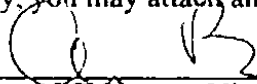
Secretary: Patrick Kelly

Address: PO Box 21028, Floral Park, NY 11002

Executive Director: Andrea Belfiore

Address: 4995 Eucalyptus Dr., Hollywood, FL 33021

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. Andrea Belfiore, Executive Director
(Typed or printed name and capacity of person signing application)

RECEIVED
SECRETARY'S OFFICE
NOV 11 11 45 AM '09

State of New York
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of TAKE2 SECOND CAREER THOROUGHBRED PROGRAM, INC. was filed on 09/23/2013, as a Not-for-Profit Corporation and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.



*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 17th day of March two
thousand and twenty.*

Brendan C Hughes

*Brendan C Hughes
Executive Deputy Secretary of State*



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 13, 2020

ANDREA BELFIORE
TAKE2 SECOND CAREER THOROUGHBRED PROGRAM
PO BOX 21028
FLORAL PARK, NY 11002

SUBJECT: TAKE2 SECOND CAREER THOROUGHBRED PROGRAM, INC.
Ref. Number: W20000036785

We have received your document for TAKE2 SECOND CAREER THOROUGHBRED PROGRAM, INC. and check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Please list the complete principal office address.

Principal address cannot be a post office address, just fyi.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Mel Solomon
Regulatory Specialist II Supervisor

Letter Number: 320A00007786

* CORRECTED APPLICATION *
* ENCLOSED *

RECEIVED
MAY 11 2020