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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855)498-5500
Fax Number : (800)432-3622

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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2021 SEP 14 AM 7:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2021 SEP 14 AM 10:59
TALLAHASSEE, FLORIDA

FOREIGN PROFIT/NONPROFIT CORPORATION
UNIVERSITY OF ST. AUGUSTINE FOR HEALTH SCIENCES FOUN

Certificate of Status	0
Certified Copy	1
Page Count	07
Estimated Charge	$78.75

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9/15/21

H21000339441

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: University of St. Augustine for Health Sciences 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:

Karen Gersten
Name of Person

University of St. Augustine for Health Sciences Foundation
Firm/Company

800 S. Douglas Road, Suite 149
Address

Coral Gables, FL 33134
City/State and Zip Code

kgersten1@comcast.net; cchahin@usa.edu
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jason J. Kohout at (414) 319-7053
Name of Person Area Code Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:
Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

■ $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

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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. University of St..Augustine for Health Sciences Foundation
(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.)

University of St. Augustine for Health Sciences Foundation Incorporated
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

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

3. 85-2877940
(FEI number, if applicable)

4. 08/25/2020
(Date of Incorporation)

5. _____
(Date of duration, if other than perpetual)

6. Foundation has not yet began conducting affairs in Florida.
(Date first conducted affairs in Florida if prior to registration. *See sections 617.1501 & 617.1502, F.S. to determine penalty liability.*)

7. 800 S. Douglas Road, Suite 149, Coral Gables, FL 33134
(Principal office street address)

800 S. Douglas Road, Suite 149, Coral Gables, FL 33134
(Current mailing address, if different)

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8. Charitable and educational
(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: Capitol Corporate Services, Inc.

Office Address: 515 East Park Avenue; 2nd Floor

Tallahassee (City), Florida 32301 (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.

Yvette Cleveland, Assistant Secretary on behalf of Capitol Corporate 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.

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12. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

☐Chairman Name: Karen Gersten
☐Vice Chairman Address: 800 S. Douglas Road
■Director Suite 149
■President Coral Gables, FL 33134
☐Vice President
■Secretary ☐Treasurer
☐Other: ☐Other:

☐Chairman Name: Erik Amaro
☐Vice Chairman Address: 800 S. Douglas Road
☐Director Suite 149
☐President Coral Gables, FL 33134
☐Vice President
☐Secretary ■Treasurer
☐Other: ☐Other:

☐Chairman Name: Linda Leftrict
☐Vice Chairman Address: 800 S. Douglas Road
■Director Suite 149
☐President Coral Gables, FL 33134
☐Vice President
☐Secretary ☐Treasurer
☐Other: ☐Other:

☐Chairman Name: Claudia Chahin
☐Vice Chairman Address: 800 S. Douglas Road
☐Director Suite 149
☐President Coral Gables, FL 33134
☐Vice President
☐Secretary ☐Treasurer
■Other: Assistant Secretar ☐Other:

☐Chairman Name:
☐Vice Chairman Address:
☐Director
☐President
☐Vice President
☐Secretary ☐Treasurer
☐Other: ☐Other:

☐Chairman Name:
☐Vice Chairman Address:
☐Director
☐President
☐Vice President
☐Secretary ☐Treasurer
☐Other: ☐Other:

NOTE: Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

13. Karen S. Gersten
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Karen Gersten, Secretary, President
(Typed or printed name and capacity of person signing application)

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Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "UNIVERSITY OF ST. AUGUSTINE FOR HEALTH SCIENCES FOUNDATION" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTEENTH DAY OF SEPTEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CORPORATION IS AN EXEMPT CORPORATION.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "UNIVERSITY OF ST. AUGUSTINE FOR HEALTH SCIENCES FOUNDATION" WAS INCORPORATED ON THE TWENTY-FIFTH DAY OF AUGUST, A.D. 2020.

Jeffrey W. Bullock, Secretary of State

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SR# 20213231031

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 204144392

Date: 09-13-21

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UNANIMOUS WRITTEN CONSENT ACTION OF THE BOARD OF DIRECTORS OF UNIVERSITY OF ST. AUGUSTINE FOR HEALTH SCIENCES FOUNDATION

The undersigned, being all the members of the Board of Directors of UNIVERSITY OF ST. AUGUSTINE FOR HEALTH SCIENCES FOUNDATION, a Delaware nonprofit corporation (the "**Corporation**"), hereby consent to and adopt the following resolutions in lieu of a meeting of the Board of Directors of the Corporation, pursuant to Section 228 of the Delaware General Corporation Law, effective as of September 9, 2021.

RESOLVED FIRST, the Board of Directors hereby consents to adopt the alternate name of "University of St. Augustine for Health Sciences Foundation Incorporated" for use in Florida, as required under Fla. Stat. §§ 617.0401, 617.1506.

RESOLVED SECOND, that the appropriate officers of the Corporation are, and any one of them is, hereby authorized and directed, for on behalf of and in the name of the Corporation, to execute and file such other documents and instruments and to do or cause to be done all such further acts or things as they may deem necessary or advisable to carry out the provisions of the foregoing resolutions; and that any and all actions so taken by the appropriate officer or officers of the Corporation are hereby ratified, confirmed, and approved in all respects.

RESOLVED THIRD, that this Unanimous Written Consent Action may be executed in any number of written counterparts, all of which when executed and delivered shall have the effect of an original and shall be effective as of the date set forth below.

[Signature page follows]

H21000339441

This Unanimous Written Consent Action is hereby taken as of the date written above.

BOARD OF DIRECTORS OF
UNIVERSITY OF ST. AUGUSTINE FOR HEALTH SCIENCES FOUNDATION

By: Karen S. Gersten
Karen Gersten

By: Linda Leftrict
Linda Leftrict