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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

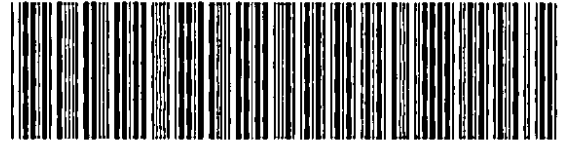
(Business Entity Name)

(Document Number)

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T. LEMIEUX
STATE OF FLORIDA

T. LEMIEUX
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SABER STRONG EMPLOYEE SUPPORT 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:

MICHAEL HALPER

Name of Person

CORSARO & ASSOCIATES

Firm/Company

28039 CLEMENS ROAD

Address

WESTLAKE, OH 44145

City/State and Zip Code

MHALPER@CORSAROLAW.COM

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

For further information concerning this matter, please call:

MICHAEL HALPER

at (440) 871-4022

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 13, 2021

MICHAEL HALPER
28039 CLEMENTS RD
WESTLAKE, OH 44145

SUBJECT: SABER STRONG EMPLOYEE SUPPORT FOUNDATION
Ref. Number: W21000146559

We have received your document for SABER STRONG EMPLOYEE SUPPORT FOUNDATION 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 name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 421A00027590

RECEIVED
DEC 01 2021

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. Saber Strong Employee Support 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.)

Saber Strong Employee Support Foundation, Inc.

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

2. Ohio 3. 85-3815692
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 11/09/20 5.
(Date of Incorporation) (Date of duration, if other than perpetual)

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

7. 23700 COMMERCE PARK, BEACHWOOD, OH 44122
(Principal office street address)

(Current mailing address, if different)

8. ALL AUTHORIZED ACTS FOR NON-PROFIT/CHARITY
(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: C T Corporation System

Office Address: 1200 S Pine Island Rd

Plantation, Florida 33324
(City) (Zip Code)

FILED 21 DEC - 1 AM

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.

Nichol McCroy, Assistant Secretary
(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. 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: Leah Schneck
 Vice Chairman Address: 23700 Commerce Park
 Director Beachwood, OH 44122
 President _____
 Vice President _____
 Secretary Treasurer
 Other: Trustee Other: _____

Chairman Name: Beth Reid
 Vice Chairman Address: 23700 Commerce Park
 Director Beachwood, OH 44122
 President _____
 Vice President _____
 Secretary Treasurer
 Other: Trustee Other: _____

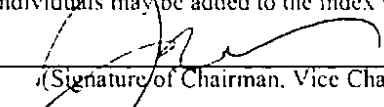
Chairman Name: Michael F. Halper, Esq.
 Vice Chairman Address: 28039 Clemens Road
 Director Westlake, Ohio 44145
 President _____
 Vice President _____
 Secretary Treasurer
 Other: Trustee Other: _____

Chairman Name: Diann Jurcago
 Vice Chairman Address: 23700 Commerce Park
 Director Beachwood, OH 44122
 President _____
 Vice President _____
 Secretary Treasurer
 Other: Trustee Other: _____

Chairman Name: Peter Holmes
 Vice Chairman Address: 23700 Commerce Park
 Director Beachwood, OH 44122
 President _____
 Vice President _____
 Secretary Treasurer
 Other: Trustee 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. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
14. Michael Halper, Secretary/Treasurer
(Typed or printed name and capacity of person signing application)

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show SÄBER STRONG EMPLOYEE SUPPORT FOUNDATION, an Ohio not for profit corporation, Charter No. 4569735, having its principal location in Bedford Heights, County of Cuyahoga, was incorporated on November 9, 2020 and is currently in GOOD STANDING upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 4th day of August, A.D. 2021.

A handwritten signature in black ink, appearing to read "Frank LaRose".

Ohio Secretary of State

Validation Number: 202121601392