

N130000/0425

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

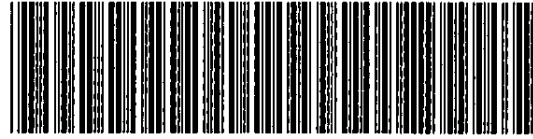
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 NOV 18 PM 12:14

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MRP
11/19/13

COVER LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Rosen Family Charitable Foundation, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

\$70.00
Filing Fee

\$78.75
Filing Fee &
Certificate of
Status

\$78.75
Filing Fee
& Certified Copy

\$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Douglas R. Rosen
Name (Printed or typed)

7922 Sailboat Key Blvd # 502
Address

St. Petersburg, FL 33707
City, State & Zip

860-429-7046
Daytime Telephone number

drrdesign2@gmail.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: Rosen Family Charitable Foundation, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
7922 Sailboat Key Blvd. # 502
St. Petersburg, FL 33707

Mailing address, if different is:
193 Forest Rd.
Storrs, CT 06268

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TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

Non - profit to provide charitable and educational purposes.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: _____

Appointed by incorporator.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Douglas R. Rosen - Director
Address: 7922 Sailboat Key Blvd #502
St. Petersburg, FL 33707

Name and Title: Rachel T. Rosen - Director
Address: 3870 Ponte Ave. Apt 774
Addison, TX 75001

Name and Title: Donna D. Rosen - Director
Address: 7922 Sailboat Key Blvd # 502
St. Petersburg, FL 33707

Name and Title: _____
Address: _____

Name and Title: Brianna R. Rosen - Director
Address: 3040-1/2 R Street NW
Washington, DC 20007

Name and Title: _____
Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Douglas R. Rosen

Address: 7922 Sailboat Key Blvd # 502
St. Petersburg, FL 33707

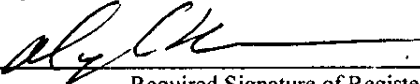
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Douglas R. Rosen

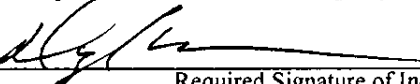
Address: 7922 Sailboat Key Blvd # 502
St. Petersburg, FL 33707

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature of Registered Agent

11/05/13
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.


Required Signature of Incorporator

11/05/13
Date