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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Center for Captive Chimpanzee Care
(Name of Corporation - must include suffix)

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-04/09/01--01060--014
*****87.50 *****87.50

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", 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:

LORI RAAB
(Name of Person)

Center for Captive Chimpanzee Care
(Firm/Company)

22 SIMARA ST.
(Address)

STUART, FL 34996
(City/State and Zip Code)

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TALLAHASSEE FLORIDA

For further information concerning this matter, please call:

LORI RAAB at (561) 288-3417
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

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

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

4p

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. Center for Captive Chimpanzee Care, 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.)

2. WASH. D.C. (State or country under the law of which it is incorporated)
3. 65-0789748 (EIN) (FEI number, if applicable)

4. Oct 21 1997 (Date of Incorporation)
5. perpetual (Duration: Year corp. will cease to exist or "perpetual")

6. projected April 21, 2001 (Date corporation first conducted Affairs in Florida - *See sections 617.1501, 617.1502, and 817.155, F.S.*)

7. 3000 S Header Canal, Ft. Pierce FLA 34945 (Principal office address)
PO Box 12220 Ft. Pierce, FLA 34979 (Current mailing address)

8. providing care for retired chimpanzees & education of the public (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 or Mail Drop Box **NOT** acceptable)

Name: LORRAINE ROAB

Office Address: 22 SIMARA ST.

STUART, Florida 34996
(City) (Zip Code)

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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.

Lorraine Roab
(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: CAROLE Noon, PhD

Address: 3000 S. Header Canal
Ft Pierce, FL 34945

Director:_____

Address:_____

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TALLAHASSEE FLORIDA

B. OFFICERS

President: CAROLE Noon, PhD.

Address: 3000 S Header Canal
Ft. Pierce, FL 34945

Vice President:_____

Address:_____

Secretary: Tracey Lovitz

Address: 9316 SW 67th Dr. Gainesville FL 32608

Treasurer: LORI RAAB

Address: 22 SIMARA ST., STUART FL 34996

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

GOVERNMENT OF THE DISTRICT OF COLUMBIA

DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS

CERTIFICATE

THIS IS TO CERTIFY that there were received and accepted for record in the Department of Consumer and Regulatory Affairs, Corporations Division, on the **21st** day of **October, 1997** ***Articles of Incorporation of:***

CENTER FOR CAPTIVE CHIMPANZEE CARE

The aboved named corporation is duly incorporated and existing pursuant to and by virtue of the Nonprofit Corporation Act of the District of Columbia and authorized to **conduct its affairs** in the District of Columbia as of the date mentioned above.

WE FURTHER CERTIFY that the above entitled corporation is at the time of issuance of this certificate in **Good Standing**, according to the records of the Corporations Division, having filed all reports required by the District of Columbia Nonprofit Corporation Act.

IN TESTIMONY WHEREOF I have hereunto set my hand and caused the seal of this office to be affixed this **30th** day of **March, 2001**.

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TALLAHASSEE FLORIDA

Carlynn M. Fuller
Acting Director

Winnie R. Huston
Administrator
Business Regulation Administration

Patricia E. Grays
Superintendent of Corporations
Corporations Division

Anthony A. Williams
Mayor