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TRANSMITTAL LETTER

TO: Qualification/Registration Section
Division of Corporations

6/12 MJH

SUBJECT: Lois Joy Galler Foundation for Hemolytic Uremic Syndrome, Inc.
(Name of Corporation)

Dear Sir or Madam:

non-profit

6000004415906--3
-06/12/01-01045--002
*****87.50 *****87.50

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 conducts its affairs in Florida.

Please return all correspondence concerning this matter to the following:

ROBERT C. GALLER

(Name of Person)

Lois Joy Galler Foundation for Hemolytic Uremic Syndrome, Inc.

(Firm/Company)

734 Walt Whitman Road, Suite 300

(Address)

Melville, New York, 11747

(City, State and Zip Code)

For further information concerning this matter, please call:

Robert C. Galler

(Name of Person)

at (631) 673

3017

Area Code & Daytime Telephone Number

STREET ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien 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

FILED
01 JUN 12 PM 4:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

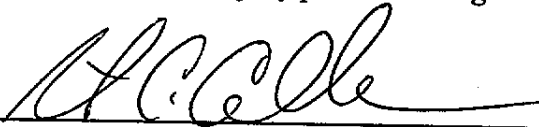
**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR
AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA**

*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. Lois Joy Galler Foundation for Hemolytic Uremic Syndrome, 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. New York
(State or country under the law of which it is incorporated)
3. 13-3696468
(FEI number, if applicable)
4. January 20, 1993
(Date of Incorporation)
5. Perpetual
(Duration: Year corp. will cease to exist or "perpetual")
6. UPON QUALIFICATION
(Date corporation first conducted Affairs in Florida -
See sections 617.1501, 617.1502, and 817.155, F.S.)
7. 17260 Gulf Pine Circle
Wellington, Florida 33414
(Current mailing address)
8. Please see attached copy of Certificate of Incorporation
(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:**
ROBERT C. GALLER
(Name)
17260 Gulf Pine Circle
(Office address)
Wellington, Florida, 33414
(City) (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.


(Registered agent's signature)

FILED
01 JUN 12 PM 4:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: (Street address only- P. O. Box NOT acceptable)

A. DIRECTORS (Street address only- P. O. Box NOT acceptable)

Chairman: Robert C. Galler

Address: 17260 Gulf Pine Circle
Wellington, Florida 33414

Vice Chairman: Bernard S., Kaplan, M.B., B. Ch.

Address: Children's Hospital of Philadelphia
34th St. & Civic Center Blvd.
Philadelphia, PA . 19104

Director: Howard P. Klein, C.P.A.

Address: 2001 Palmer Avenue
Larchmont, NY 10538

Director: Laurie A. Galler

Address: 17260 Gulf Pine Circle
Wellington, Florida 33414

B. OFFICERS (Street address only- P. O. Box NOT acceptable)

President: Robert C. Galler

Address: 17260 Gulf Pine Circle
Wellington, Florida 33414

Vice President: Bernard S. Kaplan, M.B., B. Ch.

Address: C.H.O.P. 34th St. & Civic Center Blvd.
Philadelphia, PA. 19104

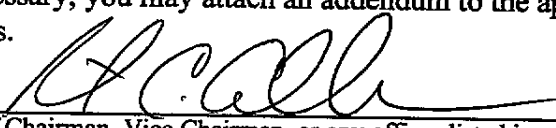
Secretary: Laurie A. Galler

Address: 17260 Gulf Pine Circle, FLA 33414

Treasurer: Howard P. Klein, CPA

Address: 2001 Palmer Ave., Larchmont, NY 10538

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)

Robert C. Galler, President & Chairman

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

**State of New York } ss:
Department of State**

I hereby certify, that the Certificate of Incorporation of LOIS JOY GALLER FOUNDATION FOR HEMOLYTIC UREMIC SYNDROME, INC. was filed on 01/20/1993, 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 a subsisting corporation.

*Witness my hand and the official seal
of the Department of State at the City
of Albany, this 24th day of May
two thousand and one.*

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