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FO 200-0001214

TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PET OWNERS WITH AIDS RESOURCE SERVICE, U.S.A., INC.  
(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", 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:

Margaret Brønniman 200005041682--3  
(Name of Person) 03/04/02--01105--005  
\*\*\*\*\*87.50 \*\*\*\*\*87.50  
\_\_\_\_\_  
(Firm/Company) W02-6338

1400 NE 14<sup>th</sup> St.  
(Address)  
Ft. Lauderdale, FL 33304  
(City/State and Zip Code)

For further information concerning this matter, please call:

Margaret Brønniman at ( 754 ) 288-4064  
(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
- ntn  
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TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

March 6, 2002

MARGARET BROENNIMAN  
1400 NE 14TH ST.  
FT LAUDERDALE, FL 33304

SUBJECT: PET OWNERS WITH AIDS RESOURCE SERVICE, U.S.A., INC.  
Ref. Number: W02000006338

We have received your document for PET OWNERS WITH AIDS RESOURCE SERVICE, U.S.A., INC. and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence, which usually consists of a single sheet of paper and clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence from the same office that provided you with the certified copy.

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) 245-6097.

Michael Mays  
Document Specialist

Letter Number: 302A00013548

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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. PET OWNERS WITH AIDS RESOURCE SERVICE, U.S.A., 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 3. 13-3465277  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. MAY 23, 1988 5. PERPETUAL  
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. FEBRUARY 2002  
(Date corporation first conducted Affairs in Florida - See sections 617.1501, 617.1502, and 817.155, F.S.)

7. \_\_\_\_\_  
(Principal office address)  
9892 NW 6TH COURT, PLANTATION FL 33324  
(Current mailing address)

8. Provide pet care + health education to seniors, people with breast cancer, people with HIV at low cost or no cost  
(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)

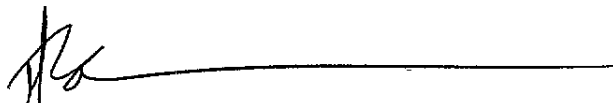
Name: MARGARET BROENNIHAN, ESQ.

Office Address: 1400 NE 14TH STREET

FT. LAUDERDALE, Florida 33304  
(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)

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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TALLAHASSEE, FLORIDA

12. Names and addresses of officers and/or directors:

A. DIRECTORS

Chairman: HOWARD GREENBERG

Address: 9892 NW 6<sup>TH</sup> COURT,  
PLANTATION, FL 33324

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: ALAN KAPLAN

Address: 225 EAST 79<sup>TH</sup> ST., NEW YORK, N.Y. 10021

Director: STEVEN KOHN

Address: 9892 NW 6<sup>TH</sup> COURT  
PLANTATION, FL 33324

B. OFFICERS

President: HOWARD GREENBERG

Address: 9892 NW 6<sup>TH</sup> COURT  
PLANTATION, FL 33324

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: STEVEN KOHN

Address: 9892 NW 6<sup>TH</sup> COURT, PLANTATION, FL 33324

Treasurer: ALAN KAPLAN

Address: 225 EAST 79<sup>TH</sup> ST., NEW YORK, NY 10021

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TALLAHASSEE, FLORIDA

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. [Signature]  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

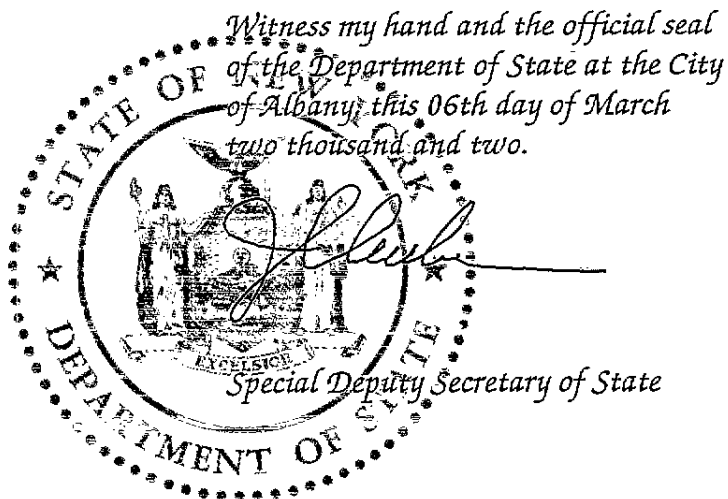
14. DIRECTOR  
(Typed or printed name and capacity of person signing application)

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

I hereby certify, that the Certificate of Incorporation of PET OWNERS WITH AIDS RESOURCE SERVICES USA, INC. was filed on 05/23/1988, under the name of PET OWNERS WITH AIDS/ARC RESOURCE SERVICE, INC., 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.

A Certificate of Amendment PET OWNERS WITH AIDS/ARC RESOURCE SERVICE, INC., changing its name to PET OWNERS WITH AIDS RESOURCE SERVICES USA, INC., was filed 02/07/2002.

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