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DIYLIGN OF CORPORATIONS

DIYLIGN OF CORPORATIONS

### TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Disabled and Retired Firefig (Name of Corporation - mu	
Dear Sir or Madam:	
The enclosed "Application by Foreign Not for Profit Corp Affairs in Florida", "Certificate of Existence", and check not for profit corporation to conduct its affairs in Florida.	are submitted to register the above referenced
Please return all correspondence concerning this matter to	o the following:
Juli Wilson	
(Name of Pers	on)
Copilevitz & Canter, LLC	7
(Firm/Compa	ny)
423 W. Eighth Street, Suite 400	
(Address)	
Kansas City, MO 64105	
(City/State and Zi	o Code)
For further information concerning this matter, please cal	l:
Juli Wilson	5 \ 472-9000
(Name of Person) (Are	5 472-9000 a Code & Daytime Telephone Number)
STREET ADDRESS:  Registration Section  Division of Corporations  409 E. Gaines St.	MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Fallahassee, FL 32314
Enclosed is a check for the following amount:	
	78.75 Filing Fee &  Certified Copy  Certified Copy  Certified Copy  Certified Copy

# ÀPPLICATION 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:

	nd Retired Firefighters, Inc.				
in language a	poration: must include the word "INCO s will clearly indicate that it is a corporapany" or "Co." may not be used as a corporation.	ation instead o	f a natural person or partnership i	or abbreviations of like impor f not so contained in the name	t at
2. Illinois		3.	37-1284978		
(State or cou	ntry under the law of which it is incorp	orated)	(FEI number	, if applicable)	_
4. 05/10/1991	L	5.	Perpetual		
	(Date of Incorporation)		(Duration: Year corp. will cea	se to exist or "perpetual")	
6. Upon Qu	alification				
(Date o	corporation first conducted Affairs in Fl	lorida <i>- Sec sec</i>	tions 617.1501, 617.1502, and 8	17.155, F.S.)	
~	777 6 6 7 7 1 6	O-21- A10	Morrosto ET 33068		
7	777 S. State Road Seven,	(Principal office	ce address)	- EC 8 1	_
	777 S. State Road, Seven,			RO S M	_
		(Current mailii		50°C 10	<del>}</del>
	The state of the s	••		te state of Florida	
8	Please see attachment "Pu	-		67 6	
	(Purpose(s) of corporation authorize	d in home state	e or country to be carried out in the	e state of Florida)	
_	street address of Florida registere		O. Box or Mail Drop Box <u><b>NO</b></u>	<u>r</u> acceptable)	
Name:	Corporation Service Company			•	-
Office Address	S: 1201 Hays Street	<del> </del>			
	Tallahassee	, ]	Florida 32301		
	(City)		(Zip Cod	.e)	
Having been designated in I further as	ed agent's acceptance: n named as registered agent and to in this application, I hereby accept gree to comply with the provisions I am familiar with and accept the	the appoints of all statutes	nent as registered agent and a s relative to the proper and co	igree to act in this capacity. Implete performance of my	•
	Corporation Service	Company			
	by Major	with PU	Ce assi Surviva		
	J 1 (8	egistered agen	t's signature)	<u> </u>	٠

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

hairman:	Please see attachment "Officers and Directors"
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·	n:
ce Chairm	n:
ldress:	
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esident: ddress:	Please see attachment "Officers and Directors"
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OTE: If	necessary, you may attach an addendum to the application listing additional officers and/or directors.  (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
4/_X	(Typed or printed name and capacity of person signing application)

#### **Purpose Statement**

#### Disabled & Retired Firefighters

The Association of Retired Firefighters is organized primarily to receive, administer, and expend funds for charitable and educational purposes in connection with the following activities:

- 1. Providing direct aid to and/or funds to firefighters and/or families of former fire service personnel in serious need.
- 2. Organize our retired members, their families, and support groups into an association.
- 3. Assist and train local retiree clubs in the development of state-wide associations.
- 4. Provide a vehicle linking all state associations and local clubs into a national network.
- 5. Inform all members, through a national publication, of the changes in federal, state, and local legislation impacting firefighters.
- 6. Assisting other charitable educational and social welfare organizations in the conduct of similar activities.



#### **Disabled & Retired Firefighters**

Officers/ Directors
Board of Directors

President Louis A Montalvo 3704 Coral Tree Circle Coconut Creek, FL 33073 Ph # 954-957-7795 SS# 079-54-8642

Treasurer Louis Saccoccio 1211 13<sup>th</sup> Circle Street Lago, FL 33771 Ph# 727-518-6406 SS# 038-26-6161

Secretary Elizabeth Evora 3704 Coral Tree Circle Coconut, FL 33073 Ph# 954-957-7795

Board Member LT. Benjamin Flander 28 Temple Road, Apt. 26 Vineland, NJ 08360 Ph# 856-507-1816 SS# 081-34-9317

Board Member Tom Jackson 2804 W Sheffield Drive Peoria, IL 61604 Ph# 309-682-8381



#### File Number

5638-528-2



## To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this

29TH

2004

Desse White