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## FOREIGN NON-PROFIT QUALIFICATION

Scaife Family Fundation Inc.

Certificate of Status	0
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# 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:

] Scaife Fa	amily Foundation Inc	<u> </u>				
abbreviati person or	ione of like import in lar	iguage as will clearly itained in the name :	s indic:	ATED" or "CORPORATION" or words ate that it is a corporation instead of a na ent. "Company" or "Co." may not be use	(1.1 <b>78</b> )	
2. Ponnayl	vania		3 <u>, 25</u>	-1427015		
(State or it is inco	country under the law or poseted)	f which		(FEI number, if applicable)		
4. Septemb			5. <u>Pe</u>	merual		
(Date of )	Incorporation)			(Duration: Year corp. will cease to exist "perpetual")	; <b>0</b> F	
	on Qualification			<u> </u>		
(De See	ate corporation first concessions 617.1501, 617	iucted Affairs in Flo. 1502, and 817.155,	rida - F.S.)			
7. Phillips P	Point 777 South Flagier	Drive, West Tower	- Suite	903		
Wass Pol	m Beach, FL 33401			-		
TVERLIE	711 THE STATE 192401	Clarent mailing add	ress)	<del></del>	-	
		_				
8. charitable (Purpose)	e. scientific, or educ. w/ 6) of corporation authori	in IRC 501(c)(3), inc xed in home state or	l. inve count	esting and donating income to public chary to be carried out in the state of Plorida	rities }	
9. Name and street address of Florida registered agent:						
•	C T CORPORATION S	YSTEM				
-		(Na	me)			
	c/o C T CORPORATIO				0 0	
		(Office	addres	(2)	DIVISION C	
					SIC SIC	
<u>]</u>	Plantation		. ]	Florida, 33324	NET NED	
	(City	<u> </u>		(Zip Code)	OF CORP	
·					RY OF S IAI CORPORATI	
10. Regis	tered agent's accep	tance:			OR'S	
raving bee	en nanied as register	ed agent and to a	есер;	t service of process for the above.	stated 🚉	
registered i	avent and avree to	ace in this canacii	wano. Vi If	n, I hereby accept the appointment wither agree to comply with the p		
oj ali siatui	tes relative to the pr ccept the obligations	oper and complet	te per	formance of my duties, and I om t	amiliar	
ſ	Mr W / /	C T CORPORAT	ion s	YSTEM		
Į.	. # 1 //	Constant November 2		<b>.</b>		
	w/ pul	Curt Kreisel, As			_	
11. Attache	ed is a certificate of	(Registered agrexistence duly au	mi's si thent	gnature) icuted, not more than 90 days pric	or to	

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: Jennie K. Scaife Address: c/o Scaife Family Foundation, Phillips Point, 777 S. Flagler Dr., West Tower, Stc. 903 West Palm Beach, FL 33401 Vice Chairman: Address:\_\_\_ Director:\_\_\_\_ Address: Director: Address: B. OFFICERS (Street address only- P. O. Box NOT acceptable) President: Barbara M. Sloan Address: c/o Scaife Family Foundation, Phillips Point, 777 S. Flagler Dr., West Tower, Ste. 903 West Palm Beach, FL 33401 Vice President: Address: Secretary: Barbara M. Sloan Address: Phillips Point, 777 S. Flagler Dr., West Tower, Ste. 903, West Palm Beach, FL 33401 Treasurer: Barbara M. Sloan Address: Phillips Point, 777 S. Flagler Dr. West Tower, Ste. 903, West Palm Beach, FL. 33401 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)

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

official having custody of corporate records in the jurisdiction under the law of which it is

Barbara M. Sloan, President

## COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

March 09, 2004

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

#### SCAIFE FAMILY FOUNDATION

is duly incorporated under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.



IN TESTIMONY WHEREOF, I have hereunto set my band and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Secretary of the Commonwealth

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