

FO4000003049

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

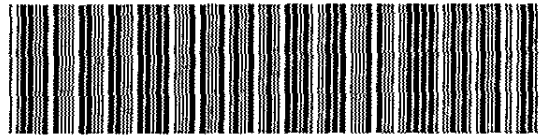
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600036920136

05/27/04--01006--001 **70.00

05/27/04--01006--002 **8.75

04 MAY 27 AM 10:32
FILED
U.S. DEPT. OF JUSTICE
FBI - NEW YORK

10-2-04

TRANSMITTAL LETTER

TO: Qualification/Registration Section
Division of Corporations

SUBJECT: Selective Motism Foundation, Inc.
(Name of Corporation)

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 conducts its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Sue Newman - Mercado
(Name of Person)

Selective Motism Foundation, Inc.
(Firm/Company)

564 SW Indian Key Drive
(Address)

Port St. Lucie, FL 34986
(City, State and Zip Code)

04 MAY 27 PM 10:32
SECTION OF STATE
TALLAHASSEE, FLORIDA

FILE

For further information concerning this matter, please call:

Sue Newman - Mercado at (772) 621 - 9006
(Name of Person) 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

**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. Selective Mutism Foundation, 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. West Virginia 3. 55-0711460
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. November 8, 1991 5. perpetual
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. awaiting registration
(Date corporation first conducted Affairs in Florida - See sections 617.1501, 617.1502, and 817.155, F.S.)

7. 564 SW Indian Key Drive
Port St. Lucie, FL 34986
(Current mailing address)

8. to open bank account - funds to be used to mail/copy educational materials on disorder
(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:

Sue Newman-Mercado
(Name)

564 SW Indian Key Drive
(Office address)

Port St. Lucie, Florida, 34986
(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.

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

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

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

CO/Director: Sue Newman - Mercado

Address: 564 SW Indian Key Drive

Port St. Lucie, FL 34986

CO/Director: Carolyn Miller

Address: 221 River Bend Road

Sissonville, WV 25320

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

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: Kathleen D. Pombier

Address: 7461 NW 10th Court, Plantation, FL 33313

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

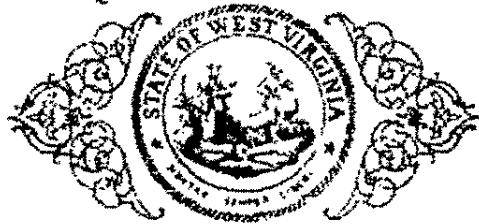
13. Sue Newman-Mercado
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

Sue Newman-Mercado, co-director
(Typed or printed name and capacity of person signing application)

04 MAY 27 AM 10:32
SECRETARY OF STATE
TALLAHASSEE, FL 32301

FILED

State of West Virginia



Certificate

*I, Joe Manchin III, Secretary of State of the
State of West Virginia, hereby certify that*

SELECTIVE MUTISM FOUNDATION, INC.

was incorporated under the laws of West Virginia and a Certificate of Incorporation was issued by my office. The corporation has not been dissolved according to my records.

I further certify that the Tax Commissioner of West Virginia advises me that the corporation has paid all annual license taxes that are now due and that the corporation is in existence and in good standing with the State of West Virginia.

Accordingly, I hereby issue this

CERTIFICATE OF EXISTENCE



*Given under my hand and the
Great Seal of the State of
West Virginia on this day of
May 12, 2004*

A handwritten signature in black ink, appearing to read "Joe Manchin III".

Secretary of State