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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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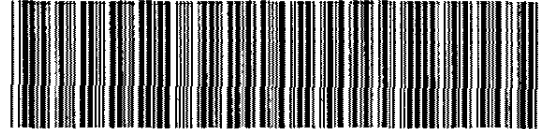
(Business Entity Name)

(Document Number)

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SEC. OF STATE
TALLAHASSEE, FLORIDA

W. J. [Signature]

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HEALTH CENTER BEAULIEU GRAND-PIERRE FOUNDATION, 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:

Jeff Bluestein

(Name of Person)

Marc L. Shapiro, P.A.

(Firm/Company)

720 Goodlette Road North, Suite 304

(Address)

Naples, Florida 34102

(City/State and Zip Code)

For further information concerning this matter, please call:

Jeff Bluestein

(Name of Person)

at (239) 649-8050

(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

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

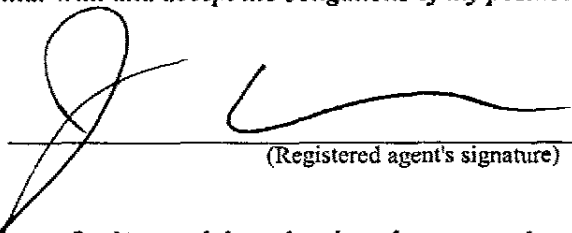
*IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN
THE STATE OF FLORIDA:*

1. HEALTH CENTER BEAULIEU GRAND-PIERRE 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. New York 3. 58-2501708
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 11/10/1999 5. perpetual
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. Pending
(Date corporation first conducted Affairs in Florida - See sections 617.1501, 617.1502, and 817.155, F.S.)
7. 350 Fifth Avenue, Suite 3304, PMB 16R, New York, New York 10118
(Principal office address)
P.O. Box 489, Spring Valley, New York 10977
(Current mailing address)
8. Charitable, religious, educational, and scientific purposes
(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: Marc L. Shapiro, P.A.

Office Address: 720 Goodlette Road North, Ste. 304

Naples, Florida 34102
(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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SECRETARY OF
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: Charlot Guillaume

Address: 689 Sheffield Ave., 2F
Brooklyn, NY 11207

Vice Chairman: Claudelle Joseph Pierre

Address: 670 Desoto Blvd.
Naples, FL 34120

Director: Carmel Clermont

Address: 884 Jarmila Lane
Fort Myers, FL 33905

Director: _____

Address: _____

B. OFFICERS

President: Claudette Guillaume

Address: 689 Sheffield Ave., 2F
Brooklyn, NY 11207

Vice President: Jeff Bluestein

Address: 720 Goodlette Road North, Suite 304
Naples, Florida 34102

Secretary: Evena Guillaume

Address: 293 Avenue Eight, Brooklyn, NY 11218

Treasurer: Rosita Richard Alexandre

Address: South Floral Park, NY 11001

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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. Vice President
(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 HEALTH CENTER BEAULIEU GRAND-PIERRE FOUNDATION, INC. was filed on 10/25/1999, 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 17th day of May
two thousand and four.*



Secretary of State

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