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(Requesto	r's Name)	
	Address)		
(Address)		
	City/State	/Zip/Phone	#)
PICK-UP		WAIT	MAIL
(Business	Entity Nam	e)
- (0	Document	Number)	
Certified Copies		Certificates	of Status
Special Instructions	to Filing C	officer:	
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Updater Verifyer	DCC		
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TRANSMITTAL LETTER

TO:	Registration Section Division of Corporations			
SUBJ	JECT: Save A Life Foundation, Inc. (Name of Corporation – must include suffix)	 :		
Dear S	Sir or Madam:			
Affairs	nclosed "Application by Foreign Not for Profit Corporation for Authorization to in Florida", "Certificate of Existence", and check are submitted to register the r profit corporation to conduct its affairs in Florida.			ed
Please	e return all correspondence concerning this matter to the following:			
	Donna M. Achs			
•	(Name of Person)			
	Save A Life Foundation, Inc. (Firm/Company)			
	9950 W. Lawrence Ave, Suite 300	 &&	Prods.	
	(Address) Schiller Park, IL 60176		### - 1	~
	(City/State and Zip Code)	<u> </u>	7 A 14	ভ — তথা -
For fu	rther information concerning this matter, please call:			-
	at (847) 928-9683	ř	li 3 Li J	
	(Name of Person) (Area Code & Daytime Telepho	ne Numl	oer)	
	STREET ADDRESS:MAILING ADDRESS:Registration SectionRegistration SectionDivision of CorporationsDivision of Corporations409 E. Gaines St.P. O. Box 6327Tallahassee, FL 32399Tallahassee, FL 32	n ations		
Enclos	sed is a check for the following amount:			
5 \$70	0.00 Filing Fee 78.75 Filing Fee & 3878.75 Filing Fee & 38.75 Filing Fee & 3878.75 F	\$87.50 F Certific Certifie	ate of S	Status &

D02

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 Save A Life Foundation, Inc.				
(Name of corporation: must include the word "INCORPORA" import in language as will clearly indicate that it is a corporat in the name at present "Company" or "Co." may not be used	ion instead of a natural person or pertnership.	if not so contained	đ	
	3, 36-3869459			
(State or country under the law of which it is incorporated)	(FEI number, if applicable)			
4. 2/9/1993	5 perpetual			
(Date of Incorporation)	(Duration: Year corp. will cease to exist	or "perpetual")		
6. 11-1-04				
(Date first conducted affairs in Florida if prior to registration. Se	e sections 617.150] & 617.1302, F.S. to determ	rine penalty liabili	ly.)	
7, 9950 W. Lawrence Ave. Suite 300, Schiller Park, IL 60	0176	-		
	office address)			
9950 W. Lawrence Ave, Suite 300, Schiller Park, IL 60	476			
	t mailing address)			
•				
g Train bystanders in CPR and life supporting first aid skil	lls to aid in an emercency			
(Furpose(s) of corporation authorized in home state or countr				
	,			
9. Name and street address of Florida registered agent: (P.	O. Box NOT acceptable)			
Name: Lisa Martinez		· · · · · · · · · · · · · · · · · · ·	!	
Office Address: 3350 Pan American Drive				
Office Address: 0500 Fair American Drive		1	-	
Mjami	, Florida _33133	-		
(City)	(Zip Code)	*	i. a	
	. , ,	A STATE OF THE PARTY.		
10. Registered Agent's acceptance: Having been named as registered agent and to accept set	mine of woman for the above stated asses	ق رق مستخصص معام علام سا	7	
designated in this application, I hereby accept the appoin	niment as registered agent and agree to a	ict in this canaci	itu. T	
further agree to comply with the provisions of all statutes and I am familiar with and accept the obligations of my	s relative to the proper and complete perj position as registered agent	formance of my	duties,	
(//				
La da	1111			
7///9				
(Registered	d Apht's signature)			
11. Attached is a Certificate of Existence duly authentical the Department of State, by the Secretary of State or of jurisdiction under the law of which it is incorporated.	led, not more than 90 days prior to deliver other official having custody of corporate	y of this applica records in the	tion to	

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

A. DIRECTORS			
Chairman: Rita Mullins			
Address: 123 N. Brockway			
Palatine, IL 60067			
Vice Chairman: Peggy Trimble			
Address: P.O. Box 90			
Harrisburg, PA 17108	·		
Director: Nadine Levick			
Address: 137 West 110th Street, Apt. 7B			
New York, NY 10026			
Director: Doug Browne			
Address: 4770 Buford Highway			
Atlanta, GA 30340	· •		
B. OFFICERS			
President: Carol J. Spizzirri		· • ;	
Address: 17479 W. Dartmoor Drive	<u> </u>	-:	
Grayslake, IL 60030	f	· ·	
Vice President:		14	
Address:	<u> </u>		
Secretary: Nadine Levick			
Address: 137 West 110th Street, Apt. 7B, New York, NY 10026			
Treasurer: Doug Browne			
Address: 4770 Buford Highway, Atlanta, GA 30340	<u>. </u>		
NOTE: If necessary, you may attach an addendum to the application listing additional officer 13. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the a 14. Carol J. Spizzirri President/Founder			ors.
(Typed or printed name and capacity of person signing application))		

File Number

5717-789-6



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

day of

SEPTEMBER A.D.

2004

Desse White

SECRETARY OF STATE