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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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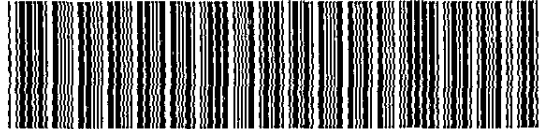
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

FD5-6802
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: John Entwistle 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:

Laurie Luongo
(Name of Person)

John Entwistle Foundation, Inc.
(Firm/Company)

5664 Natoma Dr.
(Address)

Ft. Myers, FL 33919
(City/State and Zip Code)

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For further information concerning this matter, please call:

Laurie Luongo at (239) 482-6880
(Name of Person) (Area Code & Daytime Telephone Number)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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. John Entwistle Foundation Incorporated
(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. 20-0055088
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 6-4-03 5. Perpetual
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. None as of yet
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)
7. P.O. Box 133 Route 304 Bardonia, NY 10954
(Principal office address)
P.O. Box 07135 Ft. Myers, FL 33919
(Current mailing address)
8. music education for underprivileged children disaster relief
(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 **NOT** acceptable)
Name: Laurie Luongo
Office Address: 5664 Natoma Dr.
Ft. Myers, Florida 33919
(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.

Laurie Luongo
(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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12. Names and addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Steve Luongo

Address: 5664 Natoma Dr Ft Myers FL 33919

Director: _____

Address: _____

B. OFFICERS

President: Laurie Luongo

Address: 5664 Natoma Dr

Ft. Myers, FL 33919

Vice President: Stefani Kelly

Address: 67 Cayuga Rd 10579

Secretary: Bruce Bumstead

Address: 158 Colabaugn Road Croton, NY 10520

Treasurer: _____

Address: _____

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

13. Laurie Luongo President
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

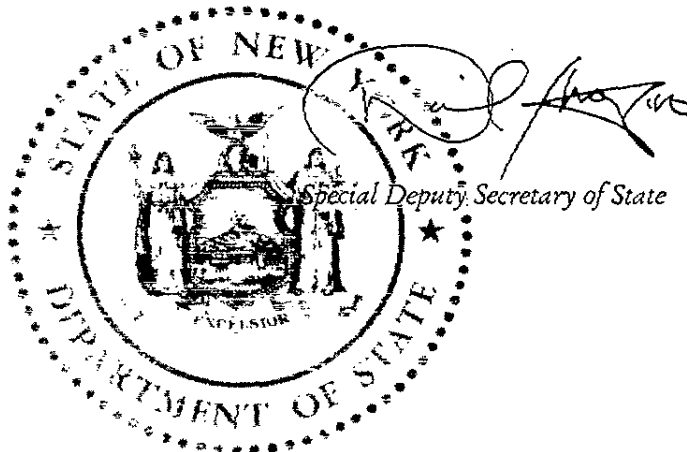
14. Laurie Luongo President
(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA

State of New York
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of JOHN ENTWISTLE FOUNDATION, INC. was filed on 06/04/2003, 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 an existing corporation.

*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 16th day of November two
thousand and five.*



Special Deputy Secretary of State

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