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| (Requestor's Name) |
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| (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: |
| AUTHORIZATION BY PHONE TO CORRECT AND SUCCESSION DOC. EXAM THE |

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SECRETARY OF SINTE TALLAHASSEE, FLORIDA

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COVER LETTER

| TO: New Filing Section Division of Corporations |
|---|
| SUBJECT: LORI ARQUILLA ANDERSEN FOUNDATION (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: |
| LINDA R. MAGIERA (Name of Person) |
| LORI ARQUILLA ANDER SEN FOUNDATION (Firm/Company) |
| 1153 S. LEE STREET |
| Suite # 201 (Address) |
| Des Plaines, IL 60016 (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| LINDA MAGILRA at P47, 561-1199 (Name of Person) (Area Code & Daytime Telephone Number) |
| MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS: New Filing 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 \$\ \times \ |

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. LORI ARQUILLA ANDLRSLN FOUND ATION, INC. (Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abl import in language as will clearly indicate that it is a corporation instead of a natural person or partnership in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation. | breviations of like | ed |
|---|---|-------|
| 2. TLLINOIS 3. 20-3536627 (State or country under the law of which it is incorporated) (FEI number, if applicable) | 7 | |
| 4. 9/19/05 (Date of Incorporation) 5. PERPETUAL (Duration: Year corp. will cease to exist 6. (Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine the sections of the sections of the section of | mine penalty liabili | ity.) |
| 7. 1153 S, LEE STREET, #201, DES PLAINES, (Principal office address) | IL 6001 | 6 |
| (Current mailing address) | | |
| 8. BRAIN CANCER AWARENESS (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: LISA ARQUILLA DODGE Office Address: 3322 SYLVIA STREET | 2006 FEB 13 PM 1:45 SECRETARY OF STATE FALLAHASSEE, FLORIDA | |
| JACKSONVILLE, Florida 32207 (City) (Zip Code) | PM 1:45 OF STATE S FLORIDA | Ö |
| 10. Registered agent's acceptance: | | |

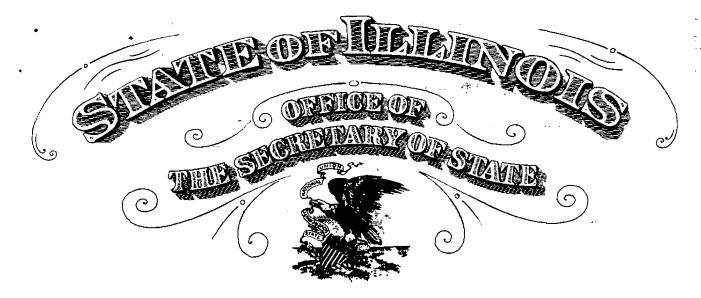
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Linda R. Magiera
(Registered agent's fignature)

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:

| A. DIRECTORS | | | |
|--|------------------|---------------------|-------|
| Chairman: LINDA R. MAGIERALM | · | | _ |
| Address: 680 THL | | | _ |
| | · | | - |
| Vice Chairman: | ι | | |
| Address: | | | _ |
| EXECUTIVE LISA ARQUILLA DODGE | | | - |
| ······································ | | | - |
| Address: 3322 SYLVIA STREET | | | _ |
| JACKSONVILLE, FL 32207 | | | _ |
| Director: MOLLIE WALLER | SED SED | . <u>20</u> | _ |
| Address: 6937 N. CALDWELL AVE. | AR AR A | 2006 FEB | - 427 |
| CHICAGO, IZ 60646 | ARY SSE | $\overline{\omega}$ | |
| B. OFFICERS | 70 | PH | * |
| President: LINDA R. MAGIERA | .02A | | • |
| Address: 680 JILL CT. | | লৈ | • |
| DESPLAINES IL 60018 | <u> </u> | | - |
| Vice President: ERIK K. ANDERSEN | | | - |
| | | | - |
| Address: 5455 N. SHERIDAN, #2912 CHICAGO IZ 60640 | | | • • |
| | <u></u> | | - |
| Secretary: LINDA FRANZ FISCHER | | | - |
| Address: 1028 N. GLENVIEW CT PACATIN | E, 72.60 | 06 | 7 |
| Treasurer: LINDA R. MAGIERA | | · | - |
| Address: 680 JILL CT - DES PLAINES IZ | 60018 | | |
| NOTE: If necessary you may offeel an addendary to the amplication listing additional offeel | 4/ 4: | | |
| NOTE: If necessary, you may attach an addendum to the application listing additional officer | s and/or directo | rs. | |
| 3. Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the a | pplication) | | |
| 4. LINDA R. MAGIERA (Typed or printed name and capacity of person signing application) | | | |
| (Typed or printed name and capacity of person signing application) | | | |



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

7TH

day of FEBRUARY A.D. 2006

Desse White