

**F08000003918**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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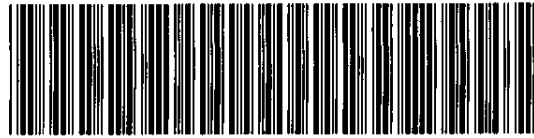
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DIVISION OF CORPORATIONS

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*80-6-6*

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Cardiac Arrhythmia Syndromes 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:

Pat McNab  
(Name of Person)

Colodny, Fass, Talenfeld, Karlinsky & Abate  
(Firm/Company)

100 SE 3rd Avenue

23rd Floor  
(Address)

Ft. Lauderdale, FL 33394  
(City/State and Zip Code)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Pat McNab at ( 954 ) 492-4010  
(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    ☐ \$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. Cardiac Arrhythmia Syndromes 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. Commonwealth of Massachusetts

(State or country under the law of which it is incorporated)

3. 26-3198554

(FEI number, if applicable)

4. July 12, 2008

(Date of Incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. \_\_\_\_\_  
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S., to determine penalty liability.)

7. 300 Ballardvale Street, Suite 20, Andover, MA 01810

(Principal office address)

300 Ballardvale Street, Suite 20, Andover, MA 01810

(Current mailing address)

8. Educate, Advocate & Facilitate Pro-Active Prevention of Sudden Cardiac Arrest

(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: Frank Mayernick, Esq.

Office Address: 215 S. Monroe Street, Suite 701

Tallahassee

(City)

Florida

32301

(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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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

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

**A. DIRECTORS**

Chairman: Jayne Vining

Address: 2 Rebecca Lane

Stoneham, MA 02180

Vice Chairman: Neil O. King

Address: 32009 N. 52nd Way

Cave Creek, AZ 85331

Director: Khristin Carroll

Address: 137 South Road

Hopkinton, NH 03229

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: Jayne Vining

Address: 2 Rebecca Lane

Stoneham, MA 02180

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: Neil O. King

Address: 32009 N. 52nd Way, Cave Creek, AZ 85331

Treasurer: Khristin Carroll

Address: 137 South Road, Hopkinton, NH 03229

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

13. \_\_\_\_\_

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. \_\_\_\_\_

JAYNE VINING, PRESIDENT

(Typed or printed name and capacity of person signing application)



*The Commonwealth of Massachusetts*  
*Secretary of the Commonwealth*  
*State House, Boston, Massachusetts 02133*

William Francis Galvin  
Secretary of the  
Commonwealth

August 6, 2008

TO WHOM IT MAY CONCERN:

I hereby certify that according to the records of this office

**CARDIAC ARRHYTHMIA SYNDROMES FOUNDATION, INC.**

is a domestic corporation organized on **July 17, 2008 (Chapter 180)**.

I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 180 section 26 A, for revocation of the charter of said corporation; that the State Secretary has not received notice of dissolution of the corporation pursuant to Massachusetts General Laws, Chapter 180, Section 11, 11A, or 11B; that said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

*William Francis Galvin*

Secretary of the Commonwealth

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SECRETARY OF STATE  
TALLMASSSET, FLORIDA