

F08000005430

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

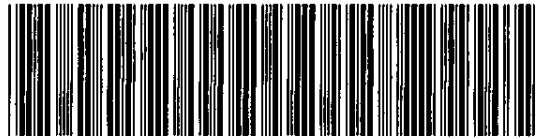
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Take
per SP
12-29-08

Office Use Only



300139231383

12/29/08--01020--001 **70.00

FILED
2008 DEC 29 PM 2:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers DEC 30 2008

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: BRIENZA'S EDUCARE 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:

LILLIAN BRIENZA
(Name of Person)

BRIENZA'S EDUCARE INC.
(Firm/Company)

1762 BENSON AVE
(Address)

BROOKLYN, NY 11214
(City/State and Zip Code)

For further information concerning this matter, please call:

MARIO SAGGESE at (212) 279-9040
(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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2000 DEC 29 PM 2:49

FILED

**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. BRIENZA'S EDUCARE 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. 26-1537523
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 11/20/07 5. Perpetual
(Date of Incorporation) (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. 1762 BENSON AVE BROOKLYN NY 11214
(Principal office address)
- _____
(Current mailing address)

8. _____
(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: VICKI WEBER

Office Address: 19501 WEST COUNTRY CLUB Dr. APT 1215
AVENTURA, Florida 33180
(City) (Zip Code)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 DEC 29 PM 2:49

FILED

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.

x Michelle Weber
(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.

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

A. DIRECTORS

Chairman: LILLIAN BRIENZA

Address: 1762 BENSON AVE
BROOKLYN NY 11214

Vice Chairman: _____

Address: _____

Director: FRANK CAPALDO

Address: 1762 BENSON AVE
BROOKLYN NY 11214

Director: KATHLEEN MULGREW

Address: 1762 BENSON AVE
BROOKLYN NY 11214

B. OFFICERS

President: LILLIAN BRIENZA

Address: 1762 BENSON AVE
BROOKLYN NY 11214

Vice President: _____

Address: _____

Secretary: FRANK CAPALDO

Address: 1762 BENSON AVE BROOKLYN NY 11214

Treasurer: KATHLEEN MULGREW

Address: 1762 BENSON AVE BROOKLYN NY 11214

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

13. *Lillian B. Brienza*
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. LILLIAN BRIENZA PRESIDENT
(Typed or printed name and capacity of person signing application)

FILED
2009 DEC 29 PM 2:49
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

State of New York
Department of State } **ss:**

I hereby certify, that the Certificate of Incorporation of BRIENZA'S EDUCARE INC. was filed on 11/20/2007, 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.

I further certify, that no other documents have been filed by such Corporation.



*Witness my hand and the official seal
of the Department of State at the City
of Albany, this 11th day of December
two thousand and eight.*

Daniel Shapiro
Special Deputy Secretary of State