

F0900000/347

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(City/State/Zip/Phone #)

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09 APR -1 PM 4:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W090000011851

EP 4/2/09

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: IHPBA Kenneth Warren 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:

LORRAINE CORDERO
(Name of Person)

Crow Segal Mgmt Comp.
(Firm/Company)

341 N. Maitland Ave, Ste 301
(Address)

Maitland, FL 32751
(City/State and Zip Code)

For further information concerning this matter, please call:

LORRAINE CORDERO at (407) 647-8839
(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 17, 2009

LORRAINE CORDERO

341 N. MAITLAND AVE., STE. ~~301~~ 130
MAITLAND, FL 32751

SUBJECT: IHPBA KENNETH WARREN FOUNDATION, INC.
Ref. Number: W09000011851

We have received your document for IHPBA KENNETH WARREN FOUNDATION, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

- ✓ The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.
- ✓ Please list the Federal Employer Identification number in the appropriate section of the application. If applied for, enter "applied for", or if not applicable, enter "N/A".
- ✓ A brief description of the entity's nature of business must be included in the document.

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper, that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6062.

Eula Peterson
Regulatory Specialist II

Letter Number: 009A00008627

RECEIVED
DEPARTMENT OF STATE
09 MAR 25 AM 11:10

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. IHPBA Kenneth Warren 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. Wisconsin
(State or country under the law of which it is incorporated)
3. 39-2036877
(FEI number, if applicable)
4. July 25, 2006
(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. 341 N. Maitland Ave Ste 130
(Principal office address)
Maitland, FL 32751
(Current mailing address)
8. Nonprofit Organization
(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: Phil Pyster
Office Address: 341 N Maitland Ave Ste 130
Maitland, Florida 32751
(City) (Zip Code)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Phil Pyster
(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: Henry A. Pitt, M.D., Indiana Univ School of Med

Address: 535 Barchhill Drive, RT 130 D

Indianapolis, IN 46202

Vice Chairman: Marcus Buechler, M.D., Univ of Heidelberg

Address: Im Neuenheimer Feld 110, Heidelberg

69120 Germany

Director: C. Wright Pinson, M.D., Vanderbilt Univ Med Ctr

Address: 1301 22nd Ave South, Ste 3810 TRC

Nashville, TN 37232

Director: Thomas T. Warren

Address: 5 Powderhouse Lane

Sherborn, Mass 01770

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TALLAHASSEE, FLORIDA

B. OFFICERS

President: Phil Pyster

Address: 341 N. Maitland Ave Ste 130

Maitland, FL 32751

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. Phil Pyster

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

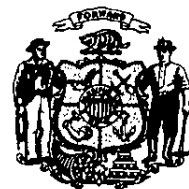
14. Phil Pyster

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

DOM
180 181 183

United States of America

State of Wisconsin



DEPARTMENT OF FINANCIAL INSTITUTIONS

To All to Whom These Presents Shall Come, Greeting:

I, RAY ALLEN, Deputy Administrator, Division of Corporate & Consumer Services, Department of Financial Institutions, do hereby certify that

IHPBA KENNETH WARREN FOUNDATION, INC.

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is July 25, 2006.

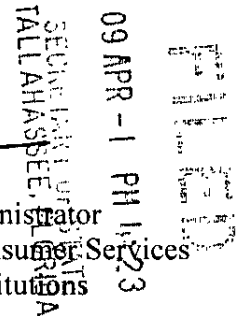
I further certify that said corporation or limited liability company has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921, 181.1622 or 183.0120, Wis. Stats., and that it has not filed articles of dissolution.



IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed the official seal
of the Department on March 25, 2009.

A handwritten signature in black ink, appearing to read "Ray Allen".

RAY ALLEN, Deputy Administrator
Division of Corporate & Consumer Services
Department of Financial Institutions



BY:

A handwritten signature in black ink, appearing to read "Cathy Mickelson".

Effective July 1, 1996, the Department of Financial Institutions assumed the functions previously performed by the Corporations Division of the Secretary of State and is the successor custodian of corporate records formerly held by the Secretary of State.