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(Requestor's Name)		
(Address)		
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(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
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SECRETARY OF STATE

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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Louisville Fund For Adult Children, 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:
Phil Werdell Name of Person
Food Addiction Institute Firm/Company
P.O. Box 50126
Sarasota, FL 34232 City/State and Zip Code Market Day City/State and Zip Code For further information concerning this matter, please call: Address Address City/State and Zip Code ARE TARY OF STATE REFERENCE DAY City/State and Zip Code ARE TARY OF STATE REFERENCE DAY City/State and Zip Code City/State and Z
TINA SELINSKY at (941) 993-9717 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 Certificate of Status 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. · Louisville Fund For Adult Children, 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. Ken tucky (State or country under the law of which it is incorporated) (FEI number, if applicable)
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 6/10/1991 5. Perpetual (Date of Incorporation) 5. (Duration: Year corp. will cease to exist or "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. 1562 Bardstown Road, Louisville, KY 40205 (Principal office address)
(Principal office address)
P.O. Box 50126, Sarasota FL 34232 (Current mailing address)
•
8. Education of public regarding Food Addiction (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
(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)
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 Werdell Office Address: 4490 McIntosh Park Drive, #8 Savasota, Florida, 342-32 (City) (City) Oceanie out in the state of Florida) Florida acceptable) Florida acceptable)
0 = 5
Office Address: 4490 McIntosh Park Drive, #8
Savasota Florida 34232 Fin 5
(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.
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(Registered exemply gianatum)

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.

A. DIRECTORS

Chairman: Michael Prager	
Address: 30 Fisher Road	
Arlington, MA 02476	
Vice Chairman: Phil Werdel	
Address: 4490 McIntosh Park Drive, #8	
Savasota, FL 34232	
Director: Mary Foushi.	
Address: 4490 McIntosh Park Drive #6	
Savasota, FL 34232	
Director: Tina Selinsky	
Address: 3018 Pine Street	·
Bradenton, FL 34208	SECI
B. OFFICERS	AHA:
President: Phil Werdell	10 ARY (
Address: 4490 McIntosh Park Drive, #8	F.S
Sarasota, FL 34232	9: L ATE ORID
Vice President: MARY Foushi	
Address: 4490 McIntosh Park Drive #6	
Sarasota, FL 34232	
Secretary: Tina Selinsky	
Address: 3018 Pine St., Bradenton, FL 34208	
Treasurer: Gerri Itelms	
Address: 737 Baytree Drive, Titusville, FL 327	180
NOTE: If necessary, you may attach an addendum to the application listing additional officers an	id/or directors.
13. Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the appli	ication)
14. TINA SELINSKY Secretary (Typed or printed name and capacity of person signing application)	
(1 yped or printed name and capacity/of person signing application)	

5/8/2009

Commonwealth of Kentucky Trey Grayson, Secretary of State

Division of Corporations Business Filings

P. O. Box 718 Frankfort, KY 40602 (502) 564-2848 http://www.sos.ky.gov

Certificate of Existence

Authentication Number: 80172

Visit http://apps.sos.ky.gov/business/obdb/certvalidate.aspx to authenticate this certificate.

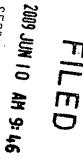
I, Trey Grayson, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records of the Office of the Secretary of State,

THE LOUISVILLE FUND FOR ADULT CHILDREN, INC.

is a nonprofit corporation duly incorporated and existing under KRS Chapter 273, whose date of incorporation is June 10, 1991 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of state have been paid; that articles of dissolution have not been filed; and that the most recent annual report required by KRS 273.3671 has been delivered to the Secretary of State.

IN WITNESS THEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 8th day of May, 2009.





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Trey Grayson
Secretary of State
Commonwealth of Kentucky
80172/0287273