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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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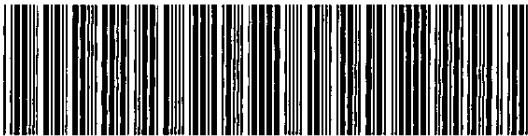
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

EP 7/14/09

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Parent Booster USA, 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:

Sandra Pfau Englund
Name of Person

Parent Booster USA
Firm/Company

~~108 Driftwood Drive~~

13506 Summerport Village Pkwy.

Suite 304

Address

Windermere, FL 34786

~~Shiloh, NC 27974~~

City/State and Zip Code

spfau@nonprofitlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sandra Englund
Name of Person

at (703)

304-1204

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. Parent Booster USA, 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. North Carolina
(State or country under the law of which it is incorporated)
3. 30-0281785
(FEI number, if applicable)
4. 10/28/2004
(Date of Incorporation)
5. perpetual
(Duration: Year corp. will cease to exist or "perpetual")
6. NA
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)
7. 13506 Summerport Village Parkway, Suite 304, Windermere, FL 34786
(Principal office address)
P.O. Box 351, Shiloh, NC 27974
(Current mailing address)
8. nonprofit educational organization that support school booster groups
(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: Sandra Englund
Office Address: 14180 Bridgewater Crossings Blvd
Winderemere, Florida 34786-3211
(City) (Zip Code)

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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.

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

A. DIRECTORS

Chairman: Sandra Englund

Address: 14180 Bridgewater Crossings Blvd
Windemere, FL 34786

Vice Chairman: _____

Address: _____

Director: Patricia Exstein

Address: 7404 Gillingham Row
Alexandria, VA 22315

Director: _____

Address: _____

B. OFFICERS

President: Sandra Englund

Address: 14180 Bridgewater Crossings Blvd
Winderemere, FL 34786-3211

Vice President: _____

Address: _____

Secretary: Patricia Exstein

Address: 7404 Gillingham Row, Alexandria, VA 22315

Treasurer: _____

Address: _____

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

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NORTH CAROLINA

Department of The Secretary of State

CERTIFICATE OF EXISTENCE

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

PARENT BOOSTER USA, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 28th day of October, 2004 , with its period of duration being Perpetual.

I FURTHER certify that the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Nonprofit Corporation Act; and that the said corporation has not filed articles of dissolution as of the date of this certificate.

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TALLAHASSEE, FLORIDA

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 17th day of June, 2009.

Elaine F. Marshall

Secretary of State

