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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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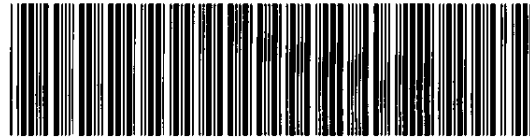
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN -9 2010
D.A. WHITE

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: American Sudden Infant Death Syndrome Institute

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", or "Certificate of Good Standing" 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:

Betty McEntire

Name of Person

American Sudden Infant Death Syndrome Institute

Firm/Company

528 Raven Way

Address

Naples, FL 34110

City/State and Zip Code

bmcentire@sids.org

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

For further information concerning this matter, please call:

Betty McEntire

Name of Person

at (

800

)

232-7437

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. American Sudden Infant Death Syndrome Institute 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. Georgia 3. 581516306
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. April 29, 1983 5. Perpetual
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. July 1, 2010
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S., to determine penalty liability.)

7. 528 Raven Way, Naples, FL 34110
(Principal office address)

528 Raven Way, Naples, FL 34110
(Current mailing address)

8. Prevention of SIDS and promotion of infant health through research and education.
(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: Betty McEntire

Office Address: 528 Raven Way

Naples, Florida 34110
(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.

[Signature] June 6, 2010
(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:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A. DIRECTORS

Chairman: Marc Peterzell, JD

Address: 171 17th Street, Suit 2100

Atlanta, Ga 30363

Vice Chairman: N/A

Address: _____

Director: Betty McEntire, PhD

Address: 528 Raven Way

Naples, Fl 34110

Director: Dmitry Kissin, MD, MPH

Address: 2545 Niblick Way

Duluth, Ga 30097

B. OFFICERS

President: Alfred Steinschneider, MD, PhD

Address: 10700 Kings Riding Way, #101

Bethesda, MD 20852-5403

Vice President: N/A

Address: _____

Secretary: Betty McEntire, PhD

Address: 528 Raven Way, Naples, Fl 34110

Treasurer: Betty McEntire, PhD

Address: 528 Raven Way, Naples, Fl 34110

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. _____

Betty McEntire, PhD

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

Control No. J402622

STATE OF GEORGIA

Secretary of State

Corporations Division
315 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

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SECRETARY OF STATE
ATLANTA, GEORGIA

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

AMERICAN SUDDEN INFANT DEATH SYNDROME INSTITUTE, INC.

Domestic Non-Profit Corporation

was formed or was authorized to transact business on 04/29/1983 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 6th day of June, 2010

B. P. Kemp

Brian P. Kemp
Secretary of State