

F12000002555

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

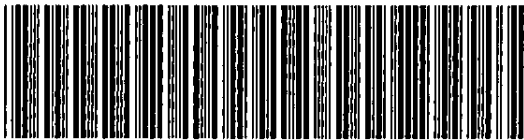
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Cure for Blindness, 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", 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:

Matthew Kovner

Name of Person

Cure for Blindness, Inc.

Firm/Company

PO Box 398892

Miami Beach

Address

FL 33239

City/State and Zip Code

in.fldoc@cureforblindness.org

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

For further information concerning this matter, please call:

Matthew Kovner

Name of Person

at ( 305 ) 967-7511

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. Cure for Blindness, 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. Delaware 3. 27-1469340  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 12/21/2009 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. 1680 Michigan Ave. Suite 700, Miami Beach, FL 33139  
(Principal office address)  
PO Box 398892, Miami Beach, FL 33239  
(Current mailing address)
8. To support the research of cures for blinding retinal degenerative diseases [...]  
(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: NRAI Services, Inc.  
  
Office Address: 515 East Park Avenue  
  
Tallahassee, Florida 32301  
(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.*  
  
NRAI SERVICES, INC.  
  
By: Jessica Metzger **Jessica Metzger, Assistant Secretary**  
(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.

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

**A. DIRECTORS**

Chairman: Matthew Kovner

Address: c/o Cure for Blindness, 1680 Michigan Ave. Suite 700

Miami Beach, FL 33139

Vice Chairman: See attached

Address: \_\_\_\_\_

Director: Daniel Hart

Address: c/o Cure for Blindness, 1680 Michigan Ave. Suite 700

Miami Beach, FL 33139

Director: Jared Fotis

Address: c/o Cure for Blindness, 1680 Michigan Ave. Suite 700

Miami Beach, FL 33139

**B. OFFICERS**

President: See attached

Address: \_\_\_\_\_

Vice President: See attached

Address: \_\_\_\_\_

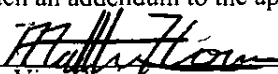
Secretary: Peter Kovner

Address: c/o Cure for Blindness, 1680 Michigan Ave. Suite 700, Miami Beach, FL 33139

Treasurer: Matthew Kovner

Address: c/o Cure for Blindness, 1680 Michigan Ave. Suite 700, Miami Beach, FL 33139

**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. Matthew Kovner, Chairman & Treasurer  
(Typed or printed name and capacity of person signing application)

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CURE FOR BLINDNESS, INC.

DIRECTORS & OFFICERS

As of 5/30/12

Directors & Officers

Chairman & Treasurer: Matthew Kovner  
c/o Cure for Blindness, Inc.  
1680 Michigan Ave., Suite 700  
Miami Beach, FL 33139

Secretary: Peter Kovner  
c/o Cure for Blindness, Inc.  
1680 Michigan Ave., Suite 700  
Miami Beach, FL 33139

Director: Michael Kovner  
c/o Cure for Blindness, Inc.  
1680 Michigan Ave., Suite 700  
Miami Beach, FL 33139

Director: Daniel Hart  
c/o Cure for Blindness, Inc.  
1680 Michigan Ave., Suite 700  
Miami Beach, FL 33139

Director: Jared Fotis  
c/o Cure for Blindness, Inc.  
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Miami Beach, FL 33139

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# Delaware

PAGE 1

*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CURE FOR BLINDNESS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTH DAY OF JUNE, A.D. 2012.

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 9620920

DATE: 06-05-12