

F/2000002961

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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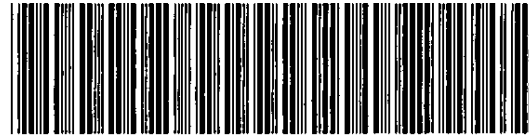
(Business Entity Name)

(Document Number)

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κ 07/17/12

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: THE EPILEPSY WARRIORS FOUNDATION
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:

SUSAN NOBLE
Name of Person

THE EPILEPSY WARRIORS FOUNDATION
Firm/Company

14540 HEADWATER BAY LANE
PORT MYERS, FL 33908
Address

City/State and Zip Code

SUSAN AT EPILEPSYWARRIORS.ORG
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SUSAN NOBLE at 239.233.2225
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

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. THE EPILEPSY WARRIORS 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. AUSTIN, TEXAS 3. 90-0754580
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. MAY 26, 2011 5. PERPETUAL?
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. NONE YET
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)
7. 14540 HEADWATER BAY LANE, FORT MYERS
(Principal office address) FL 33908
P.O. BOX 07286, FORT MYERS, FL 33919
(Current mailing address)
8. RAISE AWARENESS & FUNDING WE ARE CHILDREN'S CHARITY FOR EPILEPSY
(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: SUSAN NOBLE

Office Address: 14540 HEADWATER BAY LN
FORT MYERS, Florida 33908
(City) (Zip Code)

12 JUL 16 PM 3:16
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.

Susan Noble
(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: DR. JOSE COLON
Address: 9800 SO. HEALTHPARK DR
SUITE 140, FORT MYERS, FL 33908
Vice Chairman: DR. GUILLERMO PHILLIPS
Address: 9800 SO. HEALTHPARK DR
SUITE 140 FORT MYERS, FL 33908
Director: BRANDI LAWRENCE
Address: 1803 MONTICELLO DRIVE
NAPLES, FL
Director: RAZA AKHTAR
Address: 1833 FOUR LAKES AVE UNIT 1K
NORFOLK, IL 60532

B. OFFICERS

President: FOUNDER SUSAN NOBLE
Address: 14540 HEADWATER BAY LANE
FORT MYERS, FL 33908
Vice President: HAVE NOT FILLED THIS POSITION
Address: _____
Secretary: HAVE NOT FILLED THIS POSITION
Address: WE ARE IN THE PROCESS OF ADDING
TO OUR BOARD WE ARE A FAIRLY
Treasurer: NEW NON PROFIT
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. SUSAN NOBLE PRESIDENT / FOUNDER
(Typed or printed name and capacity of person signing application)