F1200004877

(Re	equestor's Name)		
(Ad	ldress)	·	
(Ad	dress)		
(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	WAIT	MAIL	
(Bu	siness Entity Nan	ne)	
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			
	·		





200241490962

12/04/12--01003--010 **1418.75

11/14/12--01012--014 **87.50

SECIE MAY OF STATE

TOWN DEC OF DE



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 15, 2012

ROSALIND FRANKLIN UNIV. OF MEDICINE & SCIENCE 3333 GREEN BAY RD N CHICAGO, IL 60064

SUBJECT: ROSALIND FRANKLIN UNIV. OF MEDICINE & SCIENCE

Ref. Number: W12000057745

We have received your document for ROSALIND FRANKLIN UNIV. OF MEDICINE & SCIENCE and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Justin M Shivers Regulatory Specialist II New Filing Section

Letter Number: 512A00027580

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:

(State or cou	intry under the law of which it is incorporated) 01-30-1912				
· (I	Date of Incorporation)	(Duration: Year	Perpetual corp. will cease to exist or "perp	etual")	
_{6.} 12-12-19					
	ucted affairs in Florida if prior to registration. See		& 617. I502, F.S, to determine pen	alty liability.)	
_{7.} 3333 (Green Bay Road,North Chicago	o, IL 60064			
	•	office address)			
3333 G	reen Bay Road, North Chicago,	IL 60064		•	
	(Current r	nailing address)		·····	
	ical School				
(Purpose(s) of	corporation authorized in home state or country	to be carried out in	n the state of Florida)		.
	eet address of Florida registered agent: (P.O			58	AON
. Ivaine and str	cer address of Florida registered agent. (1.0	7. DOX <u>1101</u> accc	ptable)		- ₹ ω
Name	C T Corporation System				S
Name.				ar S	2
Office Address:	1200 South Pine Island Road	<u></u>	•	023	ယ့
					N
	Plantation, (City)	, Florida	33324 (Zip Code)	ייי יכּר	Φ
	(City)	•	(Zip Code)		
	(=-9)				
10. Registered	agent's acceptance:				
Having been na	agent's acceptance: med as registered agent and to accept serv	ice of process for	r the above stated corporation	at the place	,
Having been na lesignated in th ourther agree to	agent's acceptance:	ment as registere relative to the pro	ed agent and agree to act in the oper and complete performan	is capacity. I	2 s ,

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.

-	7	1
ī		٨
•	ï	7
Ţ		7

12. Names and addresses of officers and/or directors:	
A. DIRECTORS	
Chairman:	
Address:	
Vice Chairman:	
Address:	
Director:	
Address:	
Director:	
Address:	
B. OFFICERS	75 N
President: Michael Welch MB,ChB, FRCP	
Address:	<u> </u>
North Chicago, IL 60064	
Vice President: Margot Surridge, Coo	.OAH 2
Address: 3333 Green Bay Road	28 8
North Chicago, IL 60064	
Secretary:	
Address:	
Treasurer: Roberta lane	
Address: 3333 Green Bay Road, North Chicago, IL 60064	
NOTE: If necessary, you may attach an addendum to the application listing additional	officers and/or directors.
13. Signature of Chairman, Vice Chairman, or pay officer listed in number 12	of the application)
Kenneth D. Beaman, Director, Clinical Immunology L.	aboratory

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



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

ROSALIND FRANKLIN UNIVERSITY OF MEDICINE AND SCIENCE, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JANUARY 3075 1912, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, ISTN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS



Authentication #: 1231301432 Authenticate at: http://www.cyberdriveillinois.com

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of

the State of Illinois, this

day of

NOVEMBER

A.D.

2012

SECRETARY OF STATE