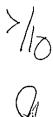
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COVER LETTER

TO: New Filing Section Division of Corporations

Cystic Fibrosis Lifestyle Foundation, 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 Status" 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:

Brian Callanan

Name of Person

Cystic Fibrosis Lifestyle Foundation

Firm/Company

1815 Purdy Ave.

Address

Miami Beach, FL 33139

City/State and Zip Code

info@CFLF.org

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

For further information concerning this matter, please call:

Brian Callanan

802 310-5983
Area Code & Daytime Telephone Number

Name of Person

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:

_{J.} Cystic l	Fibrosis Lifestyle Foundation	on, Incorporated	
import in langu	oration: must include the word "INCORPORATE tage as will clearly indicate that it is a corporation present. "Company" or "Co." may not be used as	D" or "CORPORATION" or words or abbreviation instead of a natural person or partnership if not so a corporate suffix by a nonprofit corporation.)	ons of like so contained
_{2.} Vermor	nt 3		
(State or cou	antry under the law of which it is incorporated) 3.	(FEI number, if applicable)	
4. June 25,	2003	Perpetual	
(Date of Incorporation)	Perpetual (Duration: Year corp. will cease to exist or "per	rpetual")
6.		sections 617.1501 & 617.1502, F.S, to determine pe	
			enalty liability.)
_{7.} 1834 Pl	ank Rd., Vergennes, VT 05	5401	
,	(Principal o	ffice address)	
PO Box	: 1344, Burlington, VT 05402	P-1344	
<u> </u>	(Current n	nailing address)	
	`		
_ Fundraising a	nd administration toward the mission of promoting	healthy and active lifestyles for people with Cysti-	c Fibrosis.
8. (Purpose(s) of	corporation authorized in home state or country	g healthy and active lifestyles for people with Cysti to be carried out in the state of Florida)	<u> </u>
(1	,	······································	
9. Name and str	reet address of Florida registered agent: (P.C	D. Box <u>NOT</u> acceptable)	
•	D: 0 "		,
Name:	Brian Callanan	<u></u>	9. 85.4
	1915 Durdy Avo		OF CORPORATIONS
Office Address	1815 Purdy Ave.	_	F 20%
	Miami Reach	33130	≃ ' ∰
	Miami Beach (City)	_, Florida (Zip Code)	SK
	(City)	(Zip Code)	. •
	d agent's acceptance:		
Having been no	amed as registered agent and to accept serv	vice of process for the above stated corporati	ion at the place
further agree to	o comply with the provisions of all statutes	ment as registered agent and agree to act in relative to the proper and complete perform	ance of my
duties, and I ar	m familiar with and accept the obligations o	of my position as registered agent.	3 0
	a 4		
	Bia CR		
	(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. Eric Fleming	
Address: 23 Elm St.	
Cohasset, MA 02025	
Vice Chairman: Kenneth Wiehe	
Address: 31 Rockmont Rd.	
Arlington, MA 02474	
Director: Barbara Harison (Treasurer)	
Address: 214 Barnard Way	
Ventura, CA 93001	
Director: Amanda Barna (Secretary)	
Address: 470 Portage Lakes Dr. #102	
Akron, OH 44319	
B. OFFICERS	
President: Brian Callanan	
Address: 1815 Purdy Ave.	13
Miami Beach, FL 33139	=
Vice President:	វ៉ា
Address:	-T
	င်း ယ
Secretary:	
Address:	
Treasurer:	
Address:	
•	
NOTE: If necessary, you may attach an addendum to the application listing additional officers an	d/or directors.
13. Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the appli	cation)
Brian Callanan, Founder/CEO	,
(Typed or printed name and capacity of person signing application)	

CFLF Board of Directors

Position	Name	Address	City/ST
Secretary	Amanda Barna	470 Portage Lakes Dr. Ste 102	Akron, OH 44319
Staff	Brian Callanan	7744 Collins Ave. #18	Miami Beach, FL 33141
Staff	Erin Evans	41 Chandler Rd. #3	W. Berlin, VT 05663
Chairman	Eric Fleming	23 Elm St.	Cohasset, MA 02025
Board Member	Cindy Fortunato	1737 Alden Ln.	Wyomissing, PA 19610
Medical Adv.	Joan Germana, MD	22 Chapel Pl.	Great Neck, NY 11021
Treasurer	Barbara Harison	214 Barnard Way	Ventura, CA 93001
Board Member	George Kelly	96 Bentgrass Dr.	Glenwood Spring, CO 81601
Medical Adv.	Thomas Lahiri, MD	111 Colchester Ave.	Burlington, VT 05401
Board Member	Edward Norton	243 Emmett Pl.	Ridgewood, NJ 07450
Board Member	Thomas Schervish, II	7423 Blough Ave. SW	Navarre, OH 44662
Board Member	David Theran	85 East India Row, #21E	Boston, MA 02110
Medical Adv.	Laurie Whittaker, MD	111 Colchester Ave.	Burlington, VT 05401
Vice-Chairman	Kenneth Wiehe	31 Rockmont Rd	Arlington, MA 02474
Board Member	Dawn Yardis	43 Garfield Pl.	Ridgewood, NJ 07450

STATE OF VERMONT OFFICE OF SECRETARY OF STATE

Certificate of Good Standing

I, James C. Condos, Vermont Secretary of State, do hereby certify that according to the records of this office

CYSTIC FIBROSIS LIFESTYLE FOUNDATION, INC.

a domestic non-profit corporation formed under the laws of the State of Vermont, was filed for record in this office on June 25, 2003.

I further certify that the company has perpetual duration, that its most recent biennial report is on file, and that as of this date, articles of dissolution / withdrawal have not been filed.

June 26, 2013

Given under my hand and the seal of the State of Vermont, at Montpelier, the State Capital.

James C. Condos

Vermont Secretary of State

Business ID: 0059626

Certificate Number: 2013033537001

STATE OF VERMONT

OFFICE OF SECRETARY OF STATE

Vermont Non-Profit Corporation Act (T.11B.Ch.14)

The Office of Secretary of State hereby grants a

Certificate of Incorporation

IC

CYSTIC FIBROSIS LIFESTYLE FOUNDATION, INC.

a Vermont'domestic non-profit corporation.

June 25, 2003

Given under ray hand and the seal of the State of Vermont, at Montpelier, the State Capital

Dehorah L. Markowitz Secretary of State

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