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(City/State/Zip/Phone #)

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**COVER LETTER**

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

**SUBJECT:** Sharsheret, 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:

Rochelle Shoret 2  
Name of Person

Sharsheret, Inc  
Firm/Company

1086 Teanock Road  
Suite 3A  
Address

TEANOCK, NJ 07666  
City/State and Zip Code

rshoret2@sharsheret.org  
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Elana Silber at (201) 833-2341  
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. Sharsheret 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. New York 3. 13-4198529  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 11/21/2001 5. Perpetual  
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. December 29, 2009  
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)
7. 1086 Tecameck Road, Suite 3A, Tecameck, NJ 07666  
(Principal office address)

(Current mailing address)

8. Breast and ovarian cancer support, education, and information  
(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: Ms. Briana Schwarz

Office Address: 2410 Hollywood Blvd.

Hollywood, Florida 33020  
(City) (Zip Code)

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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.*

Briana Schwarz  
(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: N/A

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

Vice Chairman: N/A

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

*Exec.* Director: Rochelle Shoretz

Address: 528 Churchill Road  
Teaneck, NJ 07666

Director: \_\_\_\_\_

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

**B. OFFICERS**

President: Dana Norris

Address: 129 East 82nd St, Apt 3B  
New York, NY 10028

Vice President: N/A

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

Secretary: Linda Gerstel

Address: 473 WEST END AVENUE, APT. 4A NY, NY 10024

Treasurer: Jonathan Minsky

Address: 403 South Parkway, Clifton, NJ 07014

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**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Rochelle Shoretz  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Rochelle Shoretz, Executive Director  
(Typed or printed name and capacity of person signing application)

**State of New York  
Department of State } ss:**

I hereby certify, that the Certificate of Incorporation of SHARSHERET, INC. was filed on 11/21/2001, as a Not-for-Profit Corporation and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.



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*WITNESS my hand and the official seal  
of the Department of State at the City of  
Albany, this 01st day of July two  
thousand and thirteen.*

*Anthony Scardino*

Executive Deputy Secretary of State