(Req	uestor's Name)	
(Add	lress)	
(Add	ress)	
(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nam	ne)
(Doc	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	Tiling Officer	
Special Instructions to F	lling Officer:	

Office Use Only



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TRANSMITTAL LETTER

...

A; : "

TO: Registration Section Division of Corporations	
SUBJECT: Firefighters Burn Fund, Inc.	
(Name of Corporation – 1	must include suffix)
Dear Sir or Madam:	
The enclosed "Application by Foreign Not for Profit C Affairs in Florida", "Certificate of Existence", and cheront for profit corporation to conduct its affairs in Florida.	ck are submitted to register the above referenced
Please return all correspondence concerning this matte	r to the following:
Kristine Jaramillo	
(Name of P	erson)
Copilevitz & Canter, LLC	
(Firm/Com	pany)
423 W. 8th Street, Suite 400	
(Addres	ss)
Kansas City, MO 64105	
(City/State and	Zip Code)
For further information concerning this matter, please	SECRETARIAN ATZ-9000 Area Code & Daytime Telephone Number)
Kristine Jaramillo at (816) 472-9000
(Name of Person) (A	
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399	MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:	
Ø \$70.00 Filing Fee ☐ \$78.75 Filing Fee & ☐ Certificate of Status	1 \$78.75 Filing Fee & ☐ \$87.50 Filing Fee, Certified Copy 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. Firefighte	rs Burn Fund, Inc.					
in language as v	oration: must include the word "INCORPORATE will clearly indicate that it is a corporation instead any" or "Co." may not be used as a corporate su	d of a natural	person or pa	artnership if not so contain	s of lik ed in th	e import ne name at
_{2.} Delaware	3	26-0637	948			
(State or count	ry under the law of which it is incorporated)		(1	El number, if applicable)		
4 07/31/07	5	perpetu	al			
··	(Date of Incorporation)	(Durat	on: Year co	rp. will cease to exist or "p	erpetu	al")
6						
(Date co	rporation first conducted Affairs in Florida - See	sections 617.	1501, 617.1	502, and 817.155, F.S.)		
_ 4496 NV	V 152nd Avenue, Chiefland, FL 3262	6				
7		ffice address				
PO Box	874 Chiefland, FL 32644	mee address	,			
		iling address)			•
	urn victims with funds for medical care, sustenance, me tre available we also support burn camps for child burn		and equipmer	at and educational scholarship	s. In sta	ates
o	(Purpose(s) of corporation authorized in home s	tate or countr	y to be carri	ed out in the state of Florid	da)	
9. Name and <u>st</u> Name:	reet address of Florida registered agent: (Ron Lagueux	P.O. Box oi —	Mail Drop	Box <u>NOT</u> acceptable)	13 JUL 23	SECRET
Office Address:	15002 NW 46th Lane				23	
	Chiefland	_ , Florida	32626		AM II:	ORPOI
	(City)	_		(Zip Code)	<u></u>	ŽŽ
Having been designated in I further agr	agent's acceptance: named as registered agent and to accept set this application, I hereby accept the appoin ee to comply with the provisions of all statu am familiar with and accept the obligations	ntment as re ites relative	egistered ag to the proj	gent and agree to act in er and complete perfor	ion at i	apacity.
	(Repistered ag	gent's signatu	re)			

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:

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

A. DIRECTORS

Chairman: Please see the attached list of Dir	rectors. 13 JU	JL 23	AM 11: 52
Address:			
Vice Chairman:			
Address:			
Director:			
Address:			
Address:			
	icers.		
Vice President:			
Address:			
Secretary:			
Address:			
Treasurer:			
Address:			
NOTE: If necessary, you may attach an 13. Cathy A.	addendum to the application listing additional officers	s and/or	directors.
(Signature of Chairman, Vi 14. Cathy A. 5) (Typed or prin	ice Chairman, or any officer listed in number 12 of the model with the state of the listed name and capacity of person signing application)	applic	ation)

Firefighters Burn Fund, Inc.

4496 NW 152nd Avenue Chiefland, FL 32626 877-643-0122

Board of Directors/Officers

C.A. Simpkins, President 4496 NW 152 Avenue Chiefland, FL 32626

Kathleen Schenk, Secretary/Treasurer 2351 Datura Street Sarasota, FL 34239

Harold K. Mines, Director at Large 4510 NW 152 Avenue Chiefland, FL 32626

Ron Lagueux, Director at Large 15002 NW 46th Lane Chiefland, FL 32626

Responsibilities

Individual having custody of contributions

C.A. Simpkins, President

Individual having custody of books and records

C.A. Simpkins, President

Individual responsible for fundraising

C.A. Simpkins, President

Individual authorized to distribute funds

C.A. Simpkins, President

Individual authorized to sign checks

C.A. Simpkins, President

Individuals who will act as signatories

C.A. Simpkins, President Kathleen Schenk, Secretary/Treasurer Ron Lagueux, Director

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "FIREFIGHTERS BURN FUND, 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 EIGHTH DAY OF JULY,

A.D. 2013.

SECNETARY OF STATE
DIVISION OF CORPORATIONS

13 IIII 23 AM II: 52

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AUTHENTY CATION: 0566616

DATE: 07-08-13

You may verify this certificate online at corp.delaware.gov/authver.shtml