

F13000003269

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

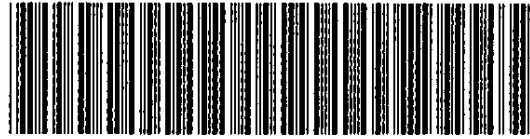
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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~~W1338515~~

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**COVER LETTER**

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

**SUBJECT:** LUNgevity 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 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:

Julie Spear  
Name of Person

Affinity Fundraising Registration  
Firm/Company

Po Box 12129  
Address

Denver, CO 80212  
City/State and Zip Code

juls@fundraisingregistration.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Julie Spear at (303) 578-9622  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 8, 2013

JULIE SPEAR  
PO BOX 12129  
DENVER, CO 80212

SUBJECT: LUNGEVITY FOUNDATION  
Ref. Number: W13000038515

We have received your document for LUNGEVITY FOUNDATION and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

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.

Valerie Herring  
Regulatory Specialist II  
New Filing Section

Letter Number: 313A00016654

**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:

LUNGEvity Foundation, Inc.

1. \_\_\_\_\_  
(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. Illinois 3. 36-4433410  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 03/13/2001 5. Perpetual  
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. N/A  
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 218 S. Wabash Ave., Suite 540, Chicago IL 60604  
(Principal office address)

% Affinity Fundraising Registration, PO Box 12129, Denver CO 80212  
(Current mailing address)

8. Funding lung cancer research.  
(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: Corporate Creations Network Inc.

Office Address: 11380 Prosperity Farms Road #221E

Palm Beach Gardens, Florida 33410  
(City) (Zip Code)

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.*



Steven Buchta, Vice President

(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.

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12. Names and addresses of officers and/or directors

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A. DIRECTORS

PLEASE SEE ATTACHED

Chairman: \_\_\_\_\_

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

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Vice Chairman: \_\_\_\_\_

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

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

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

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

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

B. OFFICERS

PLEASE SEE ATTACHED

President: \_\_\_\_\_

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

Vice President: \_\_\_\_\_

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

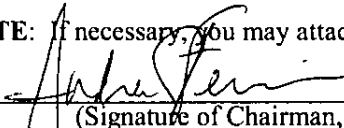
Secretary: \_\_\_\_\_

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

Treasurer: \_\_\_\_\_

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. ANDREA FERRIS, CHAIRMAN  
(Typed or printed name and capacity of person signing application)

## LUNGevity Foundation - Board

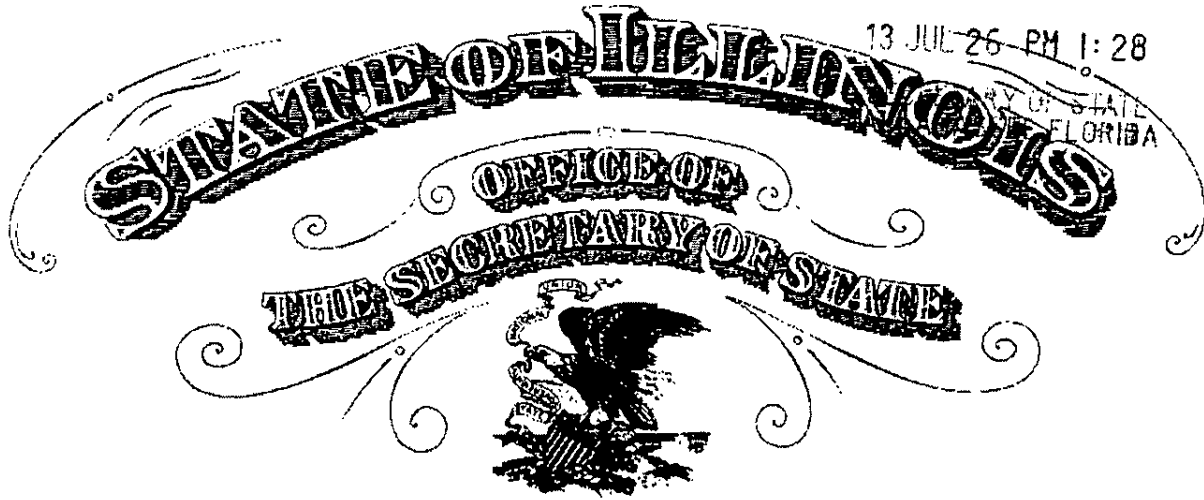
<b>Title</b>	<b>Name</b>	<b>Address</b>	<b>Phone</b>	<b>Salary (if any)</b>
President of the Board	Andrea Ferris	9408 Firethorn Ct. Potomac MD 20854	312-464-0716	\$ 0
Treasurer of the Board	Jason Swanson	2420 Central Park Ave. Evanston IL 60201	312-464-0716	\$ 0
Secretary of the Board	Susan Bersh	1131 Linden Ave. Deerfield IL 60015	312-464-0716	\$ 0
Vice President of the Board	Jerome D. Sorkin	7504 Nevis Rd. Bethesda MD 20817	312-464-0716	\$ 0
Director	Craig Lerner	57 Hull Alley Columbus OH 43215	312-464-0716	\$ 0
Director	Alex Stern	16 Magnolia Dr. Purchase NY 10577	312-464-0716	\$ 0
Director	Marc Swerdlow	854 Marion Ave. Highland Park IL 60035	312-464-0716	\$ 0
Director	Paul Stern	13331 Signal Tree Lane Potomac MD 20854	312-464-0716	\$ 0
Director	Andrew Stern	3 Raiders Lane Darien CT 06820	312-464-0716	\$ 0

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File Number 6153-476-8

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*To all to whom these Presents Shall Come, Greeting:*

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

LUNGEVITY FOUNDATION, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MARCH 13, 2001, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

*In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 12TH day of JUNE A.D. 2013 .*



Authentication #: 1318301408

Authenticate at: <http://www.cyberdriveillinois.com>

*Jesse White*

SECRETARY OF STATE