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(Req	uestor's Name)	
(Addı	ess)	
(Add)	ress)	
(City/	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nar	me)
(Doci	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	
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COVER LETTER

TO: **New Filing Section**

Division of Corporations

SUBJECT: THE CASON FAMILY 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:

Roxanne Mankin Cason			
Name of Person			
Firm/Company			
10201 Sabal Palm Avenue			
Address			
Coral Gables, Florida, 33156			
City/State and Zip Code			
roxanne@rmcason.com			
E-mail address: (to be used for future annual report notification)			

For further information concerning this matter, please call:

Roxanne Mankin Cason at 212 956-1695

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:

(Name of corno	SON FAMILY FOUNDATION ration: must include the word "INCORPORATE! age as will clearly indicate that it is a corporation resent. "Company" or "Co." may not be used as a	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 o contained
O = 116 = === 1		94-3272274 (FEI number, if applicable)	
March 27	-	Perpetual (Duration: Year corp. will cease to exist or "per	
`	ucted affairs in Florida if prior to registration. See s abal Palm Avenue, Coral Gab	sections 617.1501 & 617.1502, F.S. to determine pe	nalty liability.)
	(Principal of	ffice address)	
10201 S	abal Palm Avenue, Coral Gable (Current m	es, Florida, 33150	<u></u>
8. Charitab	le purposes, by making grants	s and conducting other program to be carried out in the state of Florida)	ms.
	reet address of Florida registered agent: (P.O		BIVISION OF CORPURATION 14 APR 11 AM II: 45
Name:	Roxanne Mankin Cason		F COR
Office Address:	10201 Sabal Palm Ave	<u> </u>	WIII: #2
	Coral Gables (City)	, Florida 33156 (Zip Code)	5
Having been no designated in ti	his application, I hereby accept the appoint	vice of process for the above stated corporati ment as registered agent and agree to act in relative to the proper and complete perform	this capacity. I

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: Roxanne Mankin Cason		
Address: 10201 Sabal Palm Avenue, Coral Gables, Florida, 331	56	
Vice Chairman:		
Address:		
Director: Marsden S. Cason		
Address: 10201 Sabal Palm Avenue, Coral Gables, Florida, 331	156	
Director:		
Address:		
B. OFFICERS President: Roxanne Mankin Cason		
Address: 10201 Sabal Palm Avenue, Coral Gables, Florida, 331	156	
		SIVIE
Vice President:	APR -	92.5 92.5 93.5 93.5 93.5 93.5 93.5 93.5 93.5 93
Address:		F COL
	<u> </u>	7 F W
Secretary: Marsden S. Cason	943	
Address: 10201 Sabal Palm Avenue, Coral Gables, Florida, 331	156	
Treasurer:		
Address: 10201 Sabal Palm Avenue, Coral Gables, Florida, 331	156	
NOTE: If necessary, you may attach an addendum to the application listing additional offi (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the		****
Roxanne Mankin Cason, President and Chairman	ie application,	
(Typed or printed name and capacity of person signing application	1)	-

State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

THE CASON FAMILY FOUNDATION

FILE NUMBER: C2005698
FORMATION DATE: 03/27/1997

TYPE:

DOMESTIC NONPROFIT CORPORATION

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of February 19, 2014.

DEBRA BOWEN

Secretary of State

FAX: 850-245-880/4 to: Mr. Tyrone Scott FR: Roxanne Mankin CASON RE: TREHSVIER of the Casan Frain, of Foun Date: April 24 porty Via: Fax This is to certify that Morsden Starbuck Cosan is the Tressurer, Cordially Roxauro Mantin Rosan Choix

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