

F14000004254

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

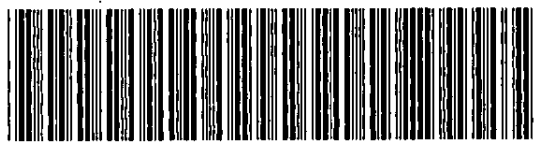
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Special Instructions to Filing Officer:

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DEPARTMENT OF STATE
14 OCT -2 AM 10:54

APPROVED
AND
FILED

14 OCT -2 AM 9:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

WH



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 321727 4983A

AUTHORIZATION :

COST LIMIT :

[Handwritten Signature]
\$ 0.00

ORDER DATE : October 1, 2014

ORDER TIME : 9:43 AM

ORDER NO. : 321727-010

CUSTOMER NO: 4983A

FOREIGN FILINGS

NAME: THE BRAMAN PHILANTHROPIC
FUND

XXXX QUALIFICATION (TYPE: NP)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER: _____

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: The Braman Philanthropic Fund, 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:

Marilyn D. Adelman
Name of Person
Cozen O'Connor
Firm/Company
1900 Market Street
Address
Philadelphia, PA 19103
City/State and Zip Code
dse@gprco-cpa.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marilyn Adelman at (215) 665-7241
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

October 3, 2014

CSC/ COURTNEY

SUBJECT: THE BRAMAN PHILANTHROPIC FUND
Ref. Number: W14000060234

We have received your document for THE BRAMAN PHILANTHROPIC FUND and your check(s) totaling \$. 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: 814A00021142

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. The Braman Philanthropic Fund, 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.)

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Pennsylvania (State or country under the law of which it is incorporated)
3. (FEL number, if applicable)

4. September 12, 2014 (Date of Incorporation)
5. Perpetual (Duration: Year corp. will cease to exist or "perpetual")

6. Upon filing (Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalties and liabilities)

7. 2060 Biscayne Boulevard, Second Floor, Miami, FL 33137-5024 (Principal office address)

2060 Biscayne Boulevard, Second Floor, Miami, FL 33137-5024 (Current mailing address)

8. Private charitable foundation (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: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301 (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.

Corporation Service Company

By: (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.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 OCT -2 AM 9:50

APPROVED AND FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12. Names and addresses of officers and/or directors

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Norman Braman

Address: c/o Braman Management Association 2060 Biscayne Boulevard, Second Floor Miami, FL 33137-5024

Director: Irma Braman

Address: c/o Braman Management Association 2060 Biscayne Boulevard, Second Floor Miami, FL 33137-5024

B. OFFICERS

President: Norman Braman

Address: c/o Braman Management Association 2060 Biscayne Boulevard, Second Floor Miami, FL 33137-5024

Vice President: _____

Address: _____

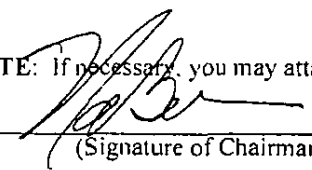
Secretary: Irma Braman

Address: c/o Braman Management Association 2060 Biscayne Boulevard, Second Floor Miami, FL 33137-5024

Treasurer: Irma Braman

Address: c/o Braman Management Association 2060 Biscayne Boulevard, Second Floor Miami, FL 33137-5024

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. Norman Braman, President
(Typed or printed name and capacity of person signing application)

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

OCTOBER 1, 2014

APPROVED
AND
FILED

14 OCT -2 AM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

The Braman Philanthropic Fund

is duly incorporated as a Pennsylvania Corporation under the laws of the Commonwealth of Pennsylvania and remains a subsisting corporation so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT, This Subsistence Certificate shall not imply that all fees, taxes, and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Carol Aichele

Secretary of the Commonwealth