

F14000004254

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

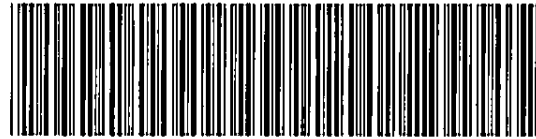
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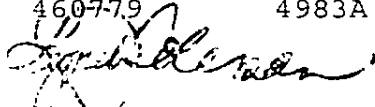
RECEIVED  
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DIRECTOR'S OFFICE  
TALLAHASSEE, FLORIDA

FILE 1ST

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 460779 4983A

AUTHORIZATION : 

COST LIMIT : \$ 35.0

-----  
ORDER DATE : May 7, 2024

ORDER TIME : 2:43 PM

ORDER NO. : 460779-005

CUSTOMER NO: 4983A  
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FOREIGN FILINGS

NAME: THE BRAMAN PHILANTHROPIC FUND,  
INC.

XX\_\_\_ CORPORATE  
\_\_\_ LIMITED PARTNERSHIP  
\_\_\_ LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_ CERTIFIED COPY  
XX\_\_\_ PLAIN STAMPED COPY  
\_\_\_ CERTIFICATE OF STATUS

CONTACT PERSON: Shauna Godbolt - EXT#

EXAMINER: \_\_\_\_\_

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** The Braman Philanthropic Fund, Inc.

\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** F14000004254

The enclosed **withdrawal application** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kevin L. McNab

\_\_\_\_\_  
(Name of Person)

Cozen O'Connor

\_\_\_\_\_  
(Firm/Company)

1650 Market Street, Suite 2800

\_\_\_\_\_  
(Address)

Philadelphia, PA 19103

\_\_\_\_\_  
(City/State and Zip code)

For further information concerning this matter, please call:

Kevin L. McNab

at ( 215 ) 665-2117

\_\_\_\_\_  
(Name of Person)

\_\_\_\_\_  
(Area Code & Daytime Telephone Number)

Enclosed is a check for the amount:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>Enclosed) | <input type="checkbox"/> \$52.50 Filing Fee,<br>Certificate of Status & Certified<br>Copy (Additional copy is enclosed) |
|--|--|---|---|

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF  
AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA**

The Braman Philanthropic Fund, Inc.

(Name of Corporation)

F14000004254

(Document Number of Corporation (if known))

Pennsylvania

(Incorporated Under Laws of and date authorized to transact business/conduct its affairs)

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address for the corporation:

2060 BISCAYNE BOULEVARD, SECOND FLOOR

(Mailing Address)

MIAMI, FL 33137-5024

(City/ State /Zip)

The corporation agrees to notify the Department of State in the future of any change in its mailing address.

/s/ Norman Braman

(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

4-25-24

(Date)

Norman Braman

(Typed or printed name of person signing)

President

(Title of person signing)

**FILING FEE \$35**

460779-5