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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVEL AND FILED

1/4

COVER LETTER

Division of Corporations				
SUBJECT: The Gracie 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:				
Lori Krum Name of Person				
The Gracie Foundation, Inc.				
PO BOX 854				
Mt Prospect IL 60056				
City/State and Zip Code				
Gracie foundation 1@ amail. com E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Lori Krum at (224) 522 5674 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 Status S70.00 Filing Fee Certificate of S70.00 Filing Fee C				

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 Gracie Foundation, Inc.		
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbrevi import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if no in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)	ations of like of so contained	
2. North Carolina (State or country under the law of which it is incorporated) 3. 46-3824364 (FEI number, if applicable)	, <u>.</u>	
4. April 2013 (Date of Incorporation) 5. (Duration: Year corp. will cease to exist or "	perpetual")	
6. Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S, to determine	e penalty liability.)
7. 303 Valley Stream Rd Statesville NG 280	077	
PO Box 854 Mt. Prospect 1L 60056 (Current mailing address)		
(Current maining address)		
8. Postcard mailings - Raffles - Dinner (auction) - (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)	14 OCT SECRE TALLAH	<u>2</u>
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	TAFIY ASSEE	FARCE
Name: Lauren Valozzi	PH 3:	() () () () () ()
Office Address: 14638 Indigo Lakes Circle	.≿ _ш 8	
Naples , Florida 34/19 (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.

(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.

12. Names and addresses of officers and/or directors

Attached.

APPROVEU AND FILED

A. DIRECTORS

14 OCT 14 PM 3:19

Chairman:	SEORFIADO 20-
Address:	SEORETARY OF STA TALLAHASSEE FLORI
Address:	
B. OFFICERS	
President:	
Address:	
•	
Address:	
Treasurer:	
Address:	
	ne application listing additional officers and/or directors. any officer listed in number 12 of the application)
Law Various Descridant	nny officer listed in number 12 of the application) pacity of person signing application)



14 OCT 14 PM 3: 19

SECRETARY OF STATE TALLAHASSEE, FLORIDA

THE GRACIE FOUNDATION INC

Names and addresses of Corporation's officers and directors:

President:

Lori Krum 303 E Fairview St Arlington Heights IL 60005

Vice-President: Robert Germain, Jr 303 Valley Stream Rd Statesville NC 28677

Secretary:

Kaila Krum 1730 N Clark St #2312 Chicago IL 60614

Treasurer:

Kasey Krum 303 E Fairview St Arlington Heights IL 60005

Event Coordinator: Sydney Sommer 303 Valley Stream Rd Statesville NC 28677

Event Coordinator: Barbara McCarthy 523 101st Avenue N Naples FL 34108



NORTH CAROLINA APPROVED Department of the Secretary of State APPROVED

14 OCT 14 PH 3: 19

SECRETARY OF STATE TALLAHASSEE. FLORIDA

CERTIFICATE OF EXISTENCE

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

THE GRACIE FOUNDATION, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 12th day of April, 2013, with its period of duration being Perpetual.

I FURTHER certify that the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Nonprofit Corporation Act; and that the said corporation has not filed articles of dissolution as of the date of this certificate.





IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 12th day of August, 2014.

Elaine I. Marshall

Secretary of State

Certification# 95853314-1 Reference# 12145098- Page: 1 of 1 Verify this certificate online at www.secretary.state.nc.us/verification