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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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S. GILBERT

## COVER LETTER

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

**SUBJECT:** David & Faten Black 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:

Ruth Hirshfeld  
Name of Person

David & Faten Black Foundation, Inc.  
Firm/Company

90  
18805 Livingston Avenue  
Address

Lutz, Florida 33559  
City/State and Zip Code

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

For further information concerning this matter, please call:

Ruth Hirshfeld at (914) 588-4580  
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:

1. DAVID FATEN Black FOUNDATION, 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. New York 3. 46-1350510  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 2.17.12 5. Perpetual  
(Date of Incorporation) (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 penalty liability.)

7. 114-24 203<sup>rd</sup> Street St. Albans, New York  
(Principal office address)

18805 Livingston Avenue Lutz, Florida 33559  
(Current mailing address)

8. Support and aid children with Autism and to promote & encourage public television in the U.S. : it's programming.  
(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: Saidah Domenech

Office Address: 18805 Livingston Avenue  
Lutz, Florida 33559  
(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.*

Saidah Domenech  
(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

**A. DIRECTORS**

Chairman: Saidah Domenech.

Address: 18805 LIVINGSTON Avenue  
Lutz, Florida 33559

~~DIRECTOR~~  
~~Vice Chairman~~ Kenneth Black

Address: 114-24 203<sup>rd</sup> Street  
St. Albans, New York 11412

Director: Ruth Hirshfeld

Address: 2639 Silvermoss Dr  
Wesley Chapel, FL 33544

Director: Michelle C. Ray

Address: 5223 Cypress Palms Lane  
Tampa Florida 33647

**B. OFFICERS**

President: Ruth Hirshfeld

Address: 2639 Silvermoss Dr.  
Wesley Chapel, Florida 33544

Vice President: Kenneth Black

Address: 114-24 203<sup>rd</sup> Street  
St. Albans, New York 11412

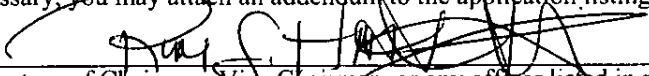
Secretary: Saidah Domenech

Address: 18805 LIVINGSTON Avenue Lutz, FL 33559

Treasurer: Saidah Domenech

Address: 18805 Livingston Avenue, Lutz, FL 33559

**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. RUTH G. HIRSHFELD, PRESIDENT / DIRECTOR  
(Typed or printed name and capacity of person signing application)

**State of New York**  
**Department of State** } ss:

I hereby certify, that the Certificate of Incorporation of DAVID & FATEN BLACK FOUNDATION, INC. was filed on 02/17/2012, as a Not-for-Profit Corporation and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.



\*\*\*

*WITNESS my hand and the official seal  
of the Department of State at the City of  
Albany, this 08th day of December two  
thousand and fourteen.*

*Anthony Giardina*

Executive Deputy Secretary of State

RUTH HIRSHFELD  
2639 SILVER MOSS DRIVE  
WESLEY CHAPEL FL 33544

CUST REF: MAIL

Enclosed is the information you requested.

If the name on the enclosed document(s) does not match exactly with the name of the entity you requested, this office does not have a record of the exact name you requested. The document(s) provided appear(s) to be of sufficient similarity to be the entity requested.