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Florida Department of State
Division of Corporations
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**FOREIGN PROFIT/NONPROFIT CORPORATION
WOMEN'S BRAIN HEALTH INITIATIVE, INC.**

Certificate of Status	0
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Page Count	05
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6/12/2015

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: WOMEN'S BRAIN HEALTH INITIATIVE, 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:

Lynn Posluns

Name of Person

WOMEN'S BRAIN HEALTH INITIATIVE, INC.

Firm/Company

17001 Collins Ave. Suite 2504

Address

Sunny Isles, Florida 33160

City/State and Zip Code

lposluns@womensbrainhealth.org.

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lynn Posluns

at 416

927-2002

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. Women's Brain Health Initiative, 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

(State or country under the law of which it is incorporated)

3. 45-2312810

(FBI number, if applicable)

4. 04/28/2011

(Date of incorporation)

5. Perpetual

(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 penalty liability.)

7. 17001 Collins Ave., Suite 2504, Sunny Isles, FL 33160

(Principal office address)

17001 Collins Ave., Suite 2504, Sunny Isles, FL 33160

(Current mailing address)

8. Charitable (to improve the health and well-being of older women)

(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: **Lynn Posluns**

Office Address: **17001 Collins Ave., Suite 2504**

Sunny Isles

(City)

Florida 33160

(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.

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TALLAHASSEE, FLORIDA

12. Names and addresses of officers and/or directors

A. DIRECTORS

Chairman: Lynn Posluns
Address: 18A-61 Yorkville Ave.
Toronto, ON M5R 1B7

Vice Chairman: _____
Address: _____

Director: Lynn Posluns
Address: 18A-61 Yorkville Ave.
Toronto, ON M5R 1B7

Director: Ellen Rachlin
Address: Hunterwood Chase
Maple, ON L6A 3R9

B. OFFICERS

President: Lynn Posluns
Address: 18A-61 Yorkville Ave.
Toronto, ON M5R 1B7

Vice President: _____
Address: _____

Secretary: Ellen Rachlin
Address: 50 Hunterwood Chase, Maple, ON L6A 3R9

Treasurer: Mark Girard
Address: 50 Hunterwood Chase, Maple, ON L6A 3R9

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. President
(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 WOMEN'S BRAIN HEALTH INITIATIVE, INC. was filed on 04/26/2011, 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 09th day of June
two thousand and fifteen.*

Anthony Giardina

Anthony Giardina
Executive Deputy Secretary of State