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COVER LETTER

TO:	Registration Section Division of Corporations							
CHD I	ECT.	JUS	T 4 KIDS FOUNDATION,	, INC.				
SODI	ECI:_		Name of Corpora	ation – must ir	nclude suffix			
Dear S	Sir or Ma	ıdam:						
Affair	s in Flor	ida", "Cer	ificate of Existence", or	"Certificate o	f Status" and ch	neck are submitted to		
Please	return a	ill correspo	ondence concerning this i	matter to the f	ollowing:			
		JOSH N	BENNETT, ESQ.					
			Name	e of Person	784			
		sion of Corporations JUST 4 KIDS FOUNDATION, INC. Name of Corporation — must include suffix Adadam: 1"Application by Foreign Not for Profit Corporation for Authorization to Conduct its orida", "Certificate of Existence", or "Certificate of Status" and check are submitted to bove referenced not for profit corporation to conduct its affairs in Florida. all correspondence concerning this matter to the following: JOSH N. BENNETT, ESQ. Name of Person THE LAW FIRM OF JOSH N. BENNETT, ESQ., P.A. Firm/Company 440 NORTH ANDREWS AVENUE Address FT. LAUDERDALE, FLORIDA 33301 City/State and Zip Code JOSH@JOSHBENNETT.COM E-mail address: (to be used for future annual report notification) Information concerning this matter, please call: NNETT Name of Person at (954 Area Code Daytime Telephone Number LING ADDRESS: stration Section Sion of Corporations Box 6327 Linds ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 check for the following amount:						
			Firm	/Company	en e e e e e e e e e e e e e e e e e e			
SUBJECT: JUST 4 KIDS 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: JOSH N. BENNETT, ESQ. Name of Person THE LAW FIRM OF JOSH N. BENNETT, ESQ., P.A. Firm/Company 440 NORTH ANDREWS AVENUE Address FT. LAUDERDALE, FLORIDA 33301 City/State and Zip Code JOSH@JOSHBENNETT.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: JOSH N. BENNETT Name of Person MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Enclosed is a check for the following amount:								
Name of Person THE LAW FIRM OF JOSH N. BENNETT, ESQ., P.A. Firm/Company 440 NORTH ANDREWS AVENUE Address FT. LAUDERDALE, FLORIDA 33301 City/State and Zip Code JOSH@JOSHBENNETT.COM E-mail address: (to be used for future annual report notification)								
	Firm/Company 440 NORTH ANDREWS AVENUE Address FT. LAUDERDALE, FLORIDA 33301 City/State and Zip Code JOSH@JOSHBENNETT.COM							
	Address FT. LAUDERDALE, FLORIDA 33301 City/State and Zip Code							
	Firm/Company 440 NORTH ANDREWS AVENUE Address FT. LAUDERDALE, FLORIDA 33301 City/State and Zip Code JOSH@JOSHBENNETT.COM							
		440 NORTH ANDREWS AVENUE Address FT. LAUDERDALE, FLORIDA 33301 City/State and Zip Code JOSH@JOSHBENNETT.COM E-mail address: (to be used for future annual report notification)						
	THE LAW FIRM OF JOSH N. BENNETT, ESQ., P.A. Firm/Company 440 NORTH ANDREWS AVENUE Address FT. LAUDERDALE, FLORIDA 33301 City/State and Zip Code JOSH@JOSHBENNETT.COM E-mail address: (to be used for future annual report notification) or further information concerning this matter, please call:							
For fu	rther inf	ormation o	oncerning this matter, pl	ease call:				
JOSH	N. BEN	NETT	01	,	954-779-1661			
		Name of		\	Daytime Te	lephone Number		
	Regist Division P.O. B	ration Secon on of Corp fox 6327\	ion orations		Registration S Division of C Clifton Build 2661 Executi	Section orporations ing ve Center Circle		
Enclos	ed is a c	heck for t	ne following amount:					
\$7 0).00 Fili	ng Fee	■\$78.75 Filing Fee & Certificate of Status		Filing Fee & ed 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:

(II name unava	ilable in Florida, enter alternate corporate i	name adopted for the purpose of transacting business in Flo	rida)
NEW JERSE	Y	2	
(State or cou	ntry under the law of which it is incorporate	3(FEI number, if applicable)	
9-28-1992		5(Date of duration, if other than perpetual)	
	Pate of Incorporation)	(Date of duration, if other than perpetual)	
(Date first cond	acted affairs in Florida if prior to registration.	. See sections 617.1501 & 617.1502, F.S, to determine penalty	v liabilit;
201 WEST DE	CATUR AVENUE; PLEASANTVILLE, 1	NJ 08232	
	(Princi	pal office address)	
111 East Parky	vay Drive; Egg Harbor Township, NJ 0823		5 4
	(Current mai	ling address, if different)	7
		ن بر	8
To Improve th	e lives of less fortunate children through ed	lucation projects	. 2
(Purpose(s) of	orporation authorized in home state or cou	intry to be carried out in the state of Florida)	<u></u>
Nome and atm	eet address of Florida registered agent:	(B.O. Pay NOT acceptable)	三元
Name and <u>Str</u>	et address of Florida registered agent:	(P.O. Box NOT acceptable)	śmi '
Name:	JOSH N. BENNETT	,	•
	440 NORTH ANDREWS AVENUE		
ffice Address:	FORT LAUDERDALE	22201	
	(City)	, Florida 33301 (Zip Code)	
		(ZID Coue)	

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: Address:__ Vice Chairman: Address:__ Address: Director: Address:___ **B. OFFICERS** President:_KAY SEELIG 201 WEST DECATUR AVENUE Address: PLEASANTVILLE, NEW JERSEY 08232 Vice President: Secretary: Treasurer: Address:____ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) KAY SEELIS, PRESIDENT (Typed or printed name and capacity of person signing application)

STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES SHORT FORM STANDING

JUST 4 KIDS FOUNDATION, INC. 0100530122

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Non-Profit Corporation was registered by this office on September 28, 1992.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

KAY E. SEELIG 111 E. PARKWAY DRIVE EGG HARBOAR TWP., NJ 08234



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 20th day of January, 2016

Ford M. Scudder Acting State Treasurer

Certificate Number: 6020050885

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_CERT.jsp

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