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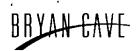


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BRYAN CAVE LLP One Metropolitan Square, 211 North Broadway, Suite 3600, St. Louis, MO 63102-2750

T: 314 259 2000 F: 314 259 2020 bryancave.com

September 13, 2016

Emily C. Huss

Paralegal

Direct: 314/259-2307 Fax: 314/552-8307

emily.huss@bry.incave.com

#### VIA U.S. MAIL

Registration Section Division of Corporations Florida Secretary of State P.O. Box 6327 Tallahassee, FL 32314

Re: Jeffries Family Foundation

Emily C. Aus

Dear Sir or Madam:

Enclosed herein for processing and filing, please find an Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida for Jeffries Family Foundation. Also enclosed, please find check number 902245 totaling \$70.00 for filing fees. Please take the necessary steps to have this application processed and placed on record.

Thank you for your attention to this matter. Please do not hesitate to contact me with any questions.

Very truly yours,

Emily C. Huss

Paralegal

ECH

Enclosures

#### **COVER LETTER**

то:	Registration Security Division of Co							
CLID	JECT: Jeffries Fo	•						
SUB	JEC1: semes re	Name of Corporati	on – must inc	lude suffix	<del></del>			
Dear S	Sir or Madam:							
Affair	s in Florida", "Ce	ion by Foreign Not for Profi rtificate of Existence", or "C enced not for profit corporat	Certificate of	Status" and che	ck are sub	nduct its mitted to	,	
Please	e return all corresp	ondence concerning this ma	atter to the fo	llowing:				
		Lisa Je Name C	offries of Person					
			nily Foundation	1				
	···	1441 Brickell	Avenue, Suite	1012	<del> </del>			
		Au	iaress					
	<u></u>	Miami, Flori				三台	6	
		City/State	and Zip Code	!			335	-17
		ljeffries@millenni	umptrs.com				19	=
	E-r	nail address: (to be used for		I report notifica	ition)			
For f	iuther information	concerning this matter, ple	ase call:				PM 2: 2:	س
	Lisa Jeffries	at	(_305)	381-3403		<u>***</u>	'	
	Name	of Person	Area Code	Daytime Tel	ephone Ni	unber		
	MAILING AI Registration So Division of Co P.O. Box 6327 Tallahassee, F.	ection rporations		STREET/CO Registration S Division of C Clifton Buildi 2661 Executiv Tallahassee, h	Section orporation ing ve Center (	s	S:	
Encl	osed is a check for	the following amount:						
<b>8</b> \$	70.00 Filing Fec	□\$78.75 Filing Fee & Certificate of Status		Filing Fee & ed Copy	Cer	.50 Filing tificate of tified Co	f Stat	

## 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:

(Name of corpor	y Foundation Inc. ation: must include the word "INCORPORAT ge as will clearly indicate that it is a corporation	m instead of a natural nerson or nartr	neiship if not so contained
in the name at pr	esent. "Company" or "Co." may not be used a	s a corporate suffix by a nonprofit co	rporation.)
(If name unava	ilable in Florida, enter alternate corporate nam	e adopted for the purpose of transact	ing business in Florida)
2. Delaware /State or cour	try under the law of which it is incorporated)	, 81-1478849 (FEI number, if app.	licoble
		Perpetual	neadic)
4. <u>112110</u> (D	rate of Incorporation)	(Date of duration, if other	er than perpetual)
6. Not applicab		s coollong 617 1501 . 6. 617 1502 F. S.	to detamble youth Eablin
		e sections 017,1301 (V 017,1302, P.S.	то иезетте релану наотну.)
7. 1441 Brickell	Avenue, Suite 1012, Miami, Florida 33131	office address)	<del></del>
	(иппетрят	orner address)	
	(Current mailing	address, if dillerent)	
<ol> <li>See attached.</li> <li>(Purpose(s) of contents</li> </ol>	corporation authorized in home state or country	to be carried out in the state of Flor	ida)
	•		
9. Name and stre	cet address of Florida registered agent: (P	O. Box NOT acceptable)	智智
	Companies Sanies Commen		一 協商 一 戸
Name:			ing the promite the second
Office Address:			
	Tallahassee (City)	, Florida <u>32301</u> (Zip C	SZ 2
	(City)	(Zip (	Code) 第五 字
10. Registered	agent's acceptance:		•
Having been na designated in th	med as registered agent and to accept se is application, I hereby accept the appoi	rvice of process for the above sta	sted corporation at the place
further agree to	comply with the provisions of all statute familiar with and accept the obligation.	s relative to the proper and com	plete performance of my
	Lange the (Registered		
	for bute		
	(Registered	l agent's signature)	<u></u>

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: Christopher M. Jeffries			
Address: 1441 Brickell Avenue, Suite 1012, Miami, Florida 33131			
Vice Chairman: Sean Jeffries	,		•
Address: 1441 Brickell Avenue, Suite 1012, Miami, Florida 33131			
Director: Lisa Jeffries			
Address: 1441 Brickell Avenue, Suite 1012, Miami, Florida 33131			
Director:			
Address:		<del></del>	··
B. OFFICERS			·· •
President: Christopher M. Jeffries			
Address: 1441 Brickell Avenue, Suite 1012, Miami, FL 33131	* • • • • • • • • • • • • • • • • • • •		
Vice President: Sean Jeffries		<b>5</b>	
Address: 1441 Brickell Avenue, Suite 1012, Miami, FL 33131		SEP   19	
Secretary: Lisa Jeffries			
Address: 1441 Brickell Avenue, Suite 1012, Miami, FL 33131	<u> </u>	2: 2h	
Treasurer: Lisa Jeffries			
Address: 1441 Brickell Avenue, Suite 1012, Miami, FL 33131			
NOTE: If necessary, you may attack an addendum to the application listing additional office.  13. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the			
14. Lisa Jeffries (Typed or printed name and capacity of person signing application)	<u> </u>		
(-) had as harmed many and calcast of horson refirms abbutanous	,		

#### Addendum

#### 8. Purpose of Corporation:

The Foundation's purposes include providing gifts, grants or contributions to organizations qualifying under section 501(c)(3) of the Code or for exempt purposes as defined under section 501(c)(3) of the Code.

#### 12. Additional Director:

Vice Chairman:

Ann Jeffries Citrin

Address:

1441 Brickell Avenue, Suite 1012, Miami, Florida 33131

#### 12. Additional Officer:

Vice President:

Ann Jeffrics Citrin

Address:

1441 Brickell Avenue, Suite 1012, Miami, Florida 33131

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Page 1

## Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "JEFFRIES FAMILY FOUNDATION" IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE SEVENTH DAY OF SEPTEMBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CORPORATION IS AN EXEMPT CORPORATION.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "JEFFRIES FAMILY FOUNDATION" WAS INCORPORATED ON THE TWENTY-FIRST DAY OF JANUARY,

A.D. 2016.

Authentication: 202944160

Date: 09-07-16

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