

File 000005637

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(Address)

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(Business Entity Name)

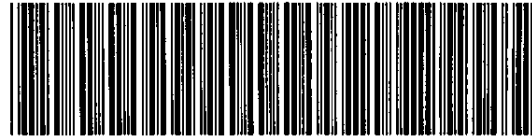
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

10116-73643

Office Use Only



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10/28/16--01023--003 **78.75

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TALLAHASSEE, FLORIDA

205/3



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 20, 2016

MOLLY. K WHITE
1004A O'REILLY AVE
SAN FRANCISCO, CA 94129

SUBJECT: MYOTONIC DYSTROPHY FOUNDATION
Ref. Number: W16000073643

We have received your document for MYOTONIC DYSTROPHY FOUNDATION and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tanisha L Washington
Regulatory Specialist II

Letter Number: 916A00023315

KAMALA D. HARRIS
Attorney General

State of California
DEPARTMENT OF JUSTICE



1300 I Street
P. O. Box 903447
Sacramento, CA 94203-4470
Telephone: (916) 445-2021 Ext. 4
Fax: (916) 444-3651
E-Mail Address: Registration@doj.ca.gov

October 21, 2016

MYOTONIC DYSTROPHY FOUNDATION
1004A O'REILLY AVE.
SAN FRANCISCO CA 94129

CT FILE NUMBER: 133551

RE: MYOTONIC DYSTROPHY FOUNDATION
133551

This will reply to your inquiry of October 21, 2016 . Please be advised that the captioned organization is registered and current in reporting to the Attorney General's Registry of Charitable Trusts, pursuant to the Supervision of Trustees for Charitable Purposes Act. (Government Code Sections 12580-12597.)

Sincerely,
Registry of Charitable Trusts

For

KAMALA D. HARRIS
Attorney General

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MYOTONIC DYSTROPHY FOUNDATION
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:

MOLLY K. WHITE

Name of Person

MYOTONIC DYSTROPHY FOUNDATION

Firm/Company

1004A O'REILLY AVENUE

Address

SAN FRANCISCO, CA 94129

City/State and Zip Code

admin@myotonic.org

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

For further information concerning this matter, please call:

ABRAHAM ALDRETE, OPERATIONS DIR. at 415 800-7777
Name of Person Area Code Daytime Telephone Number

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration 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:*

MYOTONIC DYSTROPHY FOUNDATION CORPORATION

1. _____
(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. CALIFORNIA/UNITED STATES 3. 20-5014628
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 05/22/2006 5. PERPETUAL
(Date of Incorporation) (Date of duration, if other than perpetual)

6. 06/03/2016
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S., to determine penalty liability.)

7. 1004A O'REILLY AVENUE, SAN FRANCISCO, CA 94129
(Principal office address)

(Current mailing address, if different)

8. To carry out its mission of advancing care and a cure for myotonic dystrophy, a rare disease.
(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: REGISTERED AGENTS INC.
Office Address: 3030 N. ROCKY POINT DRIVE, STE 150A
TAMPA, Florida 33607
(City) (Zip Code)

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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: Mr. Jeremy Kelly

Address: 186 Corte Madera Avenue
Mill Valley, CA 94941-1864

Vice Chairman: Mr. Woodie Kessel

Address: 11808 Hitching Post Lane
North Bethesda, MD 20852

Director: Ms. Molly White

Address: 90 Valmar Terrace
San Francisco, CA 94112

Director: _____

Address: _____

B. OFFICERS

President: _____

Address: N/A

Vice President: _____

Address: N/A

Secretary: Ms. Elizabeth Florence

Address: 7120 Eudora Drive Dallas, TX 75230

Treasurer: Mr. David Herbert

Address: 4320 Arrowhead Lane SW Rochester, MN

55902

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. Molly White, Chief Executive Officer
(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA

State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

MYOTONIC DYSTROPHY FOUNDATION

FILE NUMBER: C2880683
FORMATION DATE: 05/22/2006
TYPE: DOMESTIC NONPROFIT CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California,
hereby certify:

The records of this office indicate the entity is authorized to
exercise all of its powers, rights and privileges in the State of
California.

No information is available from this office regarding the financial
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate
and affix the Great Seal of the State of
California this day of December 10, 2016.

ALEX PADILLA
Secretary of State