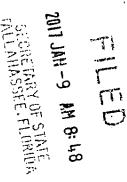
F17000000137

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
W17-1442 Suffix			

Office Use Only



600294012586



17 JAN -6 PH 4: 43

K. SALY JAN 11 2017 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195					
REFERENCE : 450707 4800255					
AUTHORIZATION: Spellelle sed					
COST LIMIT : \$ 70.00					
ORDER DATE : January 6, 2017					
ORDER TIME : 9:55 AM					
ORDER NO. : 450707-005					
CUSTOMER NO: 4800255					
FOREIGN FILINGS					
NAME: SANANDO FOUNDATION					
XXXX QUALIFICATION (TYPE: NP)					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:					
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING					

EXAMINER:

CONTACT PERSON: Melissa Zender -- EXT# 62956



450707

FLORIDA DEPARTMENT OF STATE Division of Corporations

January 9, 2017

CSC / MELISSA ZENDER

RESUBMIT

Please give original submission date as file date.

SUBJECT: SANANDO FOUNDATION

Ref. Number: W17000001442

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

Please add suffix to the name one line 1, not alternate name line.,

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.

Karen A Saly Regulatory Specialist II

Letter Number: 417A00000421

COVER LETTER

-	gistration Se vision of Co	ection orporations			
SURIFCT	, Sanando F	oundation Incorporated			
Some	•	Name of Corporation	on – must include suffix		
Dear Sir or	Madam:				
Affairs in F	lorida", "Ce	ion by Foreign Not for Profi rtificate of Existence", or "C enced not for profit corporat	Certificate of Status" and ch	eck are submitted to	
Please retur	n all corres _i	oondence concerning this ma	atter to the following:		
	Gregory	Rodriguez			
		Name o	f Person		
	Chadbo	irne & Parke LLP			
		Firm/C	Company		
	1301 Avenue of the Americas				
	<u></u>	Ad	dress		
	New Yo	rk, NY 10019			
		City/State a	nd Zip Code		
	grodrigu	ez@chadbourne.com			
	E-n	nail address: (to be used for	future annual report notifica	ntion)	
For further	information	concerning this matter, plea	se call:		
Gregory Ro	Ū	at (212 408-5526		
	Name	of Person	Area Code Daytime Tel	ephone 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 I	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:

•	present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.) undation Incorporated
	vailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Delaware	untry under the law of which it is incorporated) 3. (FEI number, if applicable)
4. September 8,	2016 Date of Incorporation) 5. (Date of duration, if other than perpetual)
6.	ducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S, to determine penalty liability.)
7. 16460 South P	Post Road, Apt. 101, Weston, FL 33331 (Principal office address)
	(Principal office address)
Gregory Rodr	riguez, C/O Chadbourne & Parke LLP, 1301 Avenue of the Americas, New York, NY 10019
	(Current mailing address, if different) Cientific, medical and educational purposes
8. Charitable, sci	cientific, medical and educational purposes. Corporation authorized in home state or country to be carried out in the state of Florida)
(Purpose(s) of	corporation authorized in home state or country to be carried out in the state of Florida)
9 Name and str	cientific, medical and educational purposes. Corporation authorized in home state or country to be carried out in the state of Florida) Corporation Service Company Corporation Service Corporation Service Company Corporation Service Corporation Ser
). Italiic and <u>su</u>	rect address of Frontia registered agents. (F.O. 1908 1904 acceptable)
Name:	Corporation Service Company
	: 1201 Hays Street
Office Address.	
	Tallahassee , Florida 32301 (Zip Code)
	d agent's acceptance:
designated in th	amed as registered agent and to accept service of process for the above stated corporation at the place this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I
	to comply with the provisions of all statutes relative to the proper and complete performance of my my my familiar with and accept the obligations of my position as registered agent.
further agree to duties, and I an	m jaminar with and accept the obligations of my position as registered agent.
further agree to duties, and I an	Corporation Service Company
further agree to duties, and I an	

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

FIL	-ED
LUIT JAN -0	
TALLAHASSEE,	M 8:48
SEE,	FLORIDA

A. DIRECTORS

Chairman:	ALLAHASSEE,
Address:	
Vice Chairman:	
Address:	
Director: Milagros Ramirez	
Address: 16460 South Post Road, Apt. 101, Weston, FL 33331	
Director: Ramses Rivero	
Address: 60 Rue d'Auteuil, 75016 Paris, France	
Director: Claudette Veitia Hollenback	
Address: 5888 Fishhawk Ridge Drive, Lithia, FL 33547	
B. OFFICERS	
President: Milagros Ramirez	
Address: 16460 South Post Road, Apt. 101, Weston, FL 33331	
Vice President:	
Address:	
Secretary: Ramses Rivero	
Address: 60 Rue d'Auteuil, 75016 Paris, France	
Treasurer: Milagros Ramirez	
Address: 1646p.86uth Post Road, Apt. 101, Weston, FL 33331	
NOTE: If necessary you may attach an addendum to the application listing add	litional officers and/or directors.
13. (Signature of Chairman, Vice Chairman, or any officer listed in num	ber 12 of the application)
(Typed or printed name and capacity of person signing	application)

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "SANANDO 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 SIXTH DAY OF JANUARY, A.D. 2017.

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 "SANANDO FOUNDATION" WAS INCORPORATED ON THE EIGHTH DAY OF SEPTEMBER, A.D. 2016.

2017 JAN -9 AM 8: 48
SECKETARY OF STATE
TALL AHASSEE, FLORIDA

Jeffrey W. Bulleck, Secretary of State

Authentication: 201828251

Date: 01-06-17

6145743 8300C SR# 20170087255