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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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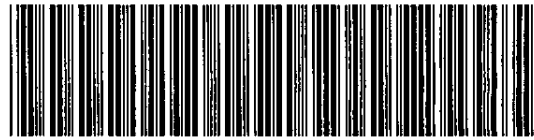
(Business Entity Name)

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JAN 25 2017  
JAN 25 2017

JAN 27 2017  
J. HARRIS

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SHRINERS INTERNATIONAL EDUCATION FOUNDATION CORPORATION

*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:

ROBERT O. KUEHN

*Name of Person*

WILLISTON, McGIBBON & KUEHN

*Firm/Company*

102 N. COOK STREET

*Address*

BARRINGTON IL 60010

*City/State and Zip Code*

ROK@WMKLAW.COM

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

For further information concerning this matter, please call:

ROBERT O. KUEHN

*Name of Person*

at ( 847 )  
*Area Code*

381-4797

*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:*

SHRINERS INTERNATIONAL EDUCATION 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. TEXAS 3. 81-3788196  
(State or country under the law of which it is incorporated) (FEI number, if applicable)  
4. AUGUST 18, 2016 5. \_\_\_\_\_  
(Date of Incorporation) (Date of duration, if other than perpetual)

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

7. 2900 ROCKY POINT DRIVE, TAMPA FL 33607  
(Principal office address)

\_\_\_\_\_  
(Current mailing address, if different)


8. TO PROMOTE, SUPORT AND FOSTER EDUCATION AND LEADERSHIP TRAINING AND UNDERWRITE  
~~SPONSOR AND SUPPORT SEMINARS AND CONFERENCES RELATED TO THOSE PURPOSES~~  
(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: JOHN C. PILAND  
Office Address: 2900 ROCKY POINT DRIVE  
TAMPA, Florida 33607  
(City) (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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12. Names and addresses of officers and/or directors

**A. DIRECTORS**

CHRIS L. SMITH

Chairman: \_\_\_\_\_  
2900 ROCKY POINT DRIVE  
Address: \_\_\_\_\_  
TAMPA FL 33607

GARY J. BERGENSKE

Vice Chairman: \_\_\_\_\_  
2900 ROCKY POINT DRIVE  
Address: \_\_\_\_\_  
TAMPA FL 33607

JIM CAIN

Director: \_\_\_\_\_  
2900 ROCKY POINT DRIVE  
Address: \_\_\_\_\_  
TAMPA FL 33607

Director: \_\_\_\_\_  
Address: \_\_\_\_\_

**B. OFFICERS**

CHRIS L. SMITH

President: \_\_\_\_\_  
2900 ROCKY POINT DRIVE  
Address: \_\_\_\_\_  
TAMPA FL 33607

Vice President: \_\_\_\_\_  
Address: \_\_\_\_\_

JACK H. JONES

Secretary: \_\_\_\_\_  
2900 ROCKY POINT DRIVE, TAMPA FL 33607  
Address: \_\_\_\_\_

JAMES L. McCONNELL

Treasurer: \_\_\_\_\_  
2900 ROCKY POINT DRIVE, TAMPA FL 33607  
Address: \_\_\_\_\_

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Chris L. Smith  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)  
CHRIS L. SMITH, CHAIRMAN AND PRESIDENT

14. \_\_\_\_\_  
(Typed or printed name and capacity of person signing application)

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JAN 25 PM 2:46  
TAMPA

Corporations Section  
P.O.Box 13697  
Austin, Texas 78711-3697



Carlos H. Cascos  
Secretary of State

## Office of the Secretary of State

### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for SHRINERS INTERNATIONAL EDUCATION FOUNDATION (file number 802524169), a Domestic Nonprofit Corporation, was filed in this office on August 18, 2016.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on November 14, 2016.



A handwritten signature in black ink, appearing to read "Cascos", followed by a horizontal line.

Carlos H. Cascos  
Secretary of State

*Come visit us on the internet at <http://www.sos.state.tx.us/>*

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Prepared by: Deborah Rogers

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Dial: 7-1-1 for Relay Services  
Document: 698962460002