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SECRETARY OF STATE
TALLAHASSEE FLORIDA

S Warren
FEB 09 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Epilepsy Warriors 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:

Susan J. Noble

Name of Person

EPILEPSY WARRIORS FOUNDATION

Firm/Company

14540 HEADWATER BAY LANE

Address

FORT MYERS, FL 33908

City/State and Zip Code

contact4info@epilepsywarriors.org

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

For further information concerning this matter, please call:

SUSAN J. NOBLE

at (239)
Area Code

224-0223

Daytime Telephone Number

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

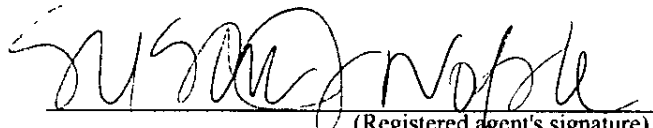
STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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:*

1. The EPILEPSY WARRIORS FOUNDATION, INC
(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. HOUSTON, TX 3. 90-0750580
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. MAY 26th 2011 5. _____
(Date of Incorporation) (Date of duration, if other than perpetual)
6. March 2017
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)
7. 14540 HEADWATER BAY LANE, FORT MYERS, FL 33908
(Principal office address)
- _____
(Current mailing address, if different)
8. FUNDRAISING EVENTS FOR KIDS AND ADULTS WHOM SUFFER FROM EPILEPSY/SEIZURES
(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: SUSAN J. NOBLE
- Office Address: 14540 HEADWATER BAY LANE
FORT MYERS, 33908
(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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JUN 13 4 P 25
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TALLAHASSEE, FLORIDA

12. Names and addresses of officers and/or directors

A. DIRECTORS

Chairman: SUSAN J. NOBLE

Address: 14540 HEADWATER BAY LANE

FORT MYERS, FL 33908

Vice Chairman: BRIAN R. SCHULTZ

Address: 39 W. LASTING SPRING CIRCLE

THE WOODLANDS, TX 77389

Director: JOE LAROCQUE

Address: 1005 BARRE MEADOW LANE

MCKINNEY, TX 75071

Director: SAMUEL SYRACUSE

Address: 500 N. WILKE ROAD, APT 103 PALATINE, IL 60074

B. OFFICERS

President: _____

Address: _____

Vice President: _____

Address: _____

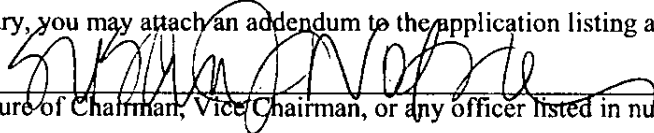
Secretary: ANN MARIE FANNING

Address: 1818 N. SUMMIT DRIVE, LAPORTE, IN 46350

Treasurer: _____

Address: _____

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. SUSAN J. NOBLE
(Typed or printed name and capacity of person signing application)

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2011 FEB -6 P 2:25
CLERK OF THE
SOLICITOR GENERAL
STATE OF FLORIDA

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



Rolando B. Pablos
Secretary of State

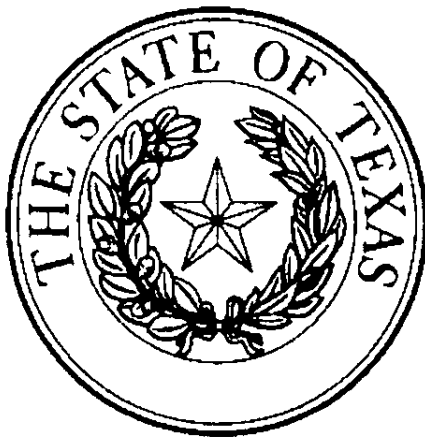
Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for THE EPILEPSY WARRIORS FOUNDATION (file number 801431883), a Domestic Nonprofit Corporation, was filed in this office on May 26, 2011.

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 February 03, 2017.



A stylized, handwritten signature of Rolando B. Pablos.

Rolando B. Pablos
Secretary of State