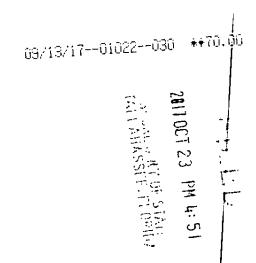
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PICK-UP WAIT MAIL			
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Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
W17-74312 Suffix			





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K. SALY OCT 24 2017



### FLORIDA DEPARTMENT OF STATE Division of Corporations

September 15, 2017

BEN KAPLAN THE ANITA KAUFMANN FOUNDATION P.O. BOX 11 NEW MILFORD, NJ 07646

SUBJECT: THE ANITA KAUFMANN FOUNDATION

Ref. Number: W17000074312

We have received your document for THE ANITA KAUFMANN FOUNDATION and your check(s) totaling \$70,00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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

Karen A Saly Regulatory Specialist II

Letter Number: 617A00018856

I have added the word Inc. to the name Please See attacked. Thoukyou. B. Kaplen

www.sunbiz.org

#### **COVER LETTER**

	tegistration Section Division of Corporations
CHD IEZ	CT: The Anita Kaufmann Foundation
SUBJEC	Name of Corporation – must include suffix
Dear Sir	or Madam:
Affairs in	osed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to be above referenced not for profit corporation to conduct its affairs in Florida.
Please ret	turn all correspondence concerning this matter to the following:
	Ben Kaplan
	Name of Person
	The Anita Kaufmann Foundation
	Firm/Company
	<del></del>
	PO Box 11
	Address
	New Milford, NJ 07646
	City/State and Zip Code
	benkap232@aol.com
	E-mail address: (to be used for future annual report notification)
For furth	er information concerning this matter, please call:
Ben Kap	at ( )
	Name of Person Area Code Daytime Telephone Number
R C P	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Clifton Building Callahassee, FL 32314 Callahassee, FL 32301 Callahassee, FL 32301 Callahassee, FL 32301
Enclosed	is a check for the following amount:
<b>\$70.0</b>	0 Filing Fee \$\preceq\$\$\preceq\$\$78.75 Filing Fee & \$\preceq\$\$\$\$287.50 Filing Fee, \$\text{Certificate of Status}\$\$\$\$Certified Copy \$\$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

The Anita Kaufmann Foundation  (Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviation import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so 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 New York  New Yo	o contained
New York  (State or country under the law of which it is incorporated)  (FEI number, if applicable)  (Date of Incorporation)  (Date of Incorporation)  (Date of Incorporation)  (Date first conducted affairs in Florida if prior to registration. See sections 617,1501 & 617,1502. F.S. to determine per 280 Prospect Ave. 6G, Hackensack, NJ 07601  (Principal office address)  PO Box 11 New Milford, NJ 07646  (Current mailing address, if different)  8. educate public about epilepsy, increase knowledge, eliminate stigma; educate public on how to provide scizure: (Purposets) 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)	Florida)
7. 280 Prospect Ave. 6G, Hackensack, NJ 07601  (Principal office address)  PO Box 11 New Milford, NJ 07646  (Current mailing address, if different)  8. educate public about epilepsy, increase knowledge, eliminate stigma; educate public on how to provide scizure (Purposets) 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)	
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<del></del>	2111 0CT 23 PM 4: 51
Name: Alissa Bezusen	23
2575 Martraini Cicle #715	79 R
Office Address. 9013 110 1110 Och Circle 113	155
Temple Terrace Florida 33(037 (Zip Code)	Fr -
10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporati designated in this application, I hereby accept the appointment as registered agent and agree to act in further agree to comply with the provisions of all statutes relative to the proper and complete perform	this capacity. I
duties, and I am familiar with and accept the obligations of my position as registered agent.	unce ij in
(Registered ligent's signature)	
(Registered (Bent's signature)	

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 Debra Jospehs Chairman: PO Box 11 New Milford, NJ 07646 Address: Ben Kaplan Vice Chairman: PO Box 11 New Milford, NJ 07646 Address: Michael Cohen Director: PO Box 11 New Milford, NJ 07646 Address: Bobbi Herman PO Box 11 New Milford, NJ 07646 Address:\_ B. OFFICERS Debra Josephs PO Box 11 New Milford, NJ 07646 Address: Ben Kaplan Vice President: PO Box 11 New Milford, NJ 07646 Address: Bobbi Herman PO Box 11 New Milford, NJ 07646 Address:\_\_ Ben Kaplan Treasurer: PO Box 11 New Milford, NJ 07646 Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) Ben Kaplan - Director (Typed or printed name and capacity of person signing application)

# State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of THE ANITA KAUFMANN FOUNDATION was filed on 01/27/2004, as a Not-for-Profit Corporation and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.



2110CT 23 PH 4: 51

WITNESS my hand and the official seal of the Department of State at the City of Albany, this 24th day of August two thousand and seventeen.

Brendan W. Fitzgerald Executive Deputy Secretary of State