# F18000000693

| (Requestor's Name)                      |             |  |  |  |
|---|-------------|--|--|--|
| (Address)                               |             |  |  |  |
| (Address)                               |             |  |  |  |
| (City/State/Zip/Phone #)                |             |  |  |  |
| PICK-UP WAIT N                          | 1AIL        |  |  |  |
| (Business Entity Name)                  |             |  |  |  |
| (Document Number)                       |             |  |  |  |
| Certified Copies Certificates of Status | <del></del> |  |  |  |
| Special Instructions to Filing Officer: |             |  |  |  |
|   |             |  |  |  |
|   |             |  |  |  |
|   |             |  |  |  |

Office Use Only



300309082523



THE CHIVELD IN THE 14 THE PARTY OF THE PARTY

HARRIS

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE: 065753 7472504

AUTHORIZATION: Spelle Kenna

COST LIMIT : \$\frac{\sigma}{2}00

ORDER DATE: February 9, 2018

ORDER TIME : 3:31 PM

ORDER NO. : 065753-005

CUSTOMER NO: 7472504

\_\_\_\_\_\_

#### FOREIGN FILINGS

NAME: THE KLEINSCHMIDT FAMILY

FOUNDATION

XXXX QUALIFICATION (TYPE: NP)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:

#### **COVER LETTER**

| то:    | Registration S<br>Division of C  |  |  |  |
|--------|--|--|--|--|
| SUBJ   | ECT:   |  |  |  |
|        | -  | Name of Corporati  | on - must include suffix                         | _  |
| Dear S | Sir or Madam:  |  |  |  |
| Affair | s in Florida", "C  | tion by Foreign Not for Profi<br>ertificate of Existence", or "C<br>renced not for profit corporat | Certificate of Status" and ch                    | cck are submitted to   |
| Please | return all corres  | pondence concerning this ma  | atter to the following:                          |  |
|        | <del></del>  | Name o   | of Person  |  |
|        |  | Firm/C   | Company  |  |
|        |  |  |  | <del></del>  |
|        |  | Ad   | dress  |  |
|        | <u></u>  | City/State a   | and Zip Code                                     |  |
|        | <u> </u>   | mail address: (to be used for  | future annual report notific                     | ation)   |
| For fu | rther information  | o concerning this matter, plea   | ise call:  |  |
|        | Name   | of Person at (   | Area Code Daytime Tel                            | ephone Number  |
|        | MAILING AI<br>Registration So<br>Division of Co<br>P.O. Box 6327<br>Tallahassee, F | ection<br>prporations  | Registration S<br>Division of C<br>Clifton Build | orporations<br>ing<br>ve Center Circle                             |
| Enclos | sed is a check for   | r the following amount:  |  |  |
| ☐ \$7  | 0.00 Filing Fee  | □\$78.75 Filing Fee & Certificate of Status  | ☐\$78.75 Filing Fee & Certified Copy             | ☐ \$87.50 Filing Fee,<br>Certificate of Status &<br>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 KLEINSCHMIDT PAMILY FOUN  | DATION INC   |
|------------------|---|--|
| minori in langu  | oration: must include the word "INCORPORATED" or "CORPORATION" or words or ab<br>age as will clearly indicate that it is a corporation instead of a natural person or partnership<br>present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporate | rifanten contained                                 |
| in the hame at p | research Company of Co. may not be used as a corporate suffix by a nonprofit corporat   | on.)   |
| (If name unav    | ailable in Florida, enter alternate corporate name adopted for the purpose of transacting bu  | siness in Florida)                                 |
| , (              | PELAWARE . 27-01121   | 79   |
| (State or cou    | DELAWARE  ntry under the law of which it is incorporated)  12 14 04  Date of Incorporation)  5. (Date of duration, if other than  | <del>,                                      </del> |
| 4                | 12 14 04 5.   |  |
| (.               | (Date of duration, if other than  | perpetual)   |
| Onte first cond  | lucted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to dete  | rmine penalty liability.)                          |
| 7                | CID I ALE DONNE HOO DESCRIPTION   |  |
|                  | (Principal office address)  |  |
|                  |   |  |
| TO 54.8          | (Current mailing address, it different)  PORT INDIVIOUAL AND ECONOMIC LIBERTY AS WART   | ty Enos In   |
| 8 THEMSE         | ELVES AND AS SOLUTIONS TO SOME OF THE WIRLD'S MOST  | PLESSING PROPLETING                                |
| (Purpose(s) of   | corporation authorized in home state or country to be carried out in the state of Florida)  | 1  |
| 9. Name and str  | ect address of Florida registered agent: (P.O. Box NOT acceptable)  | * 0 Ca   |
| M                | Corporation Service Company   | ·  |
|                  | 1201 Hays Street  | . • • • • • • • • • • • • • • • • • • •            |
| Office Address.  | Tallahassee   |  |
|                  | Tallahassee , Florida 32301 (City) (Zip Code)   | · · · · · · · · · · · · · · · · · · ·              |
| 10. Registered   | l agent's acceptance:   | ••   |
| Having been no   | amed as registered agent and to accept service of process for the above stated co<br>its application, I hereby accept the appointment as registered agent and agree to  | rporation at the place                             |
| jaranci ugice io | comply with the provisions of all statutes relative to the proper and complete parties of all statutes relative to the proper and complete parties with and accept the obligations of my position as registered agent.  | erformance of my                                   |
|                  | Corporation Service Company  Emily Croft  |  |
|                  |   |  |
|                  | By: Chaile Caralt Asst Vice Densit  | 144.4  |
|                  | By: Asst. Vice Preside  | <u>ent</u>   |

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: ROBERT W. KLEINSCHMIDT   |                                       |
|--|---------------------------------------|
| Address: 617 LAKE DRIVE  |                                       |
| VERO BEACH, FL 32963   |                                       |
| vice Chairman: NELL F KLEIN SCHMIDT  |                                       |
| Address: 617 LAKE DRIVE  |                                       |
| VERO BEACH, FL 32963   |                                       |
| Director. ALEXANDER KLEINSCHMIOT   |                                       |
| Address: 60 W. 57TH STREET #17A  |                                       |
| NEW YORK NY 10019  |                                       |
| Director: PAUL KLEINSCHMIDT  |                                       |
| Address: 50 MURRAY STREET #906   |                                       |
| NEW YORK NY 10007  |                                       |
| B. OFFICERS  |                                       |
| President: ROBERT W. KLEINSCHIMOT  | · • 6                                 |
| Address: 617 LAKE DRIVE  |                                       |
| VERO BEACH FL 32963  | <u> </u>                              |
| Vice President: NELL F KLEINSCHMID   |                                       |
| Address: 617 LAKE DRIVE  | :-:                                   |
| VERO BEACH, FL 32963   | 67                                    |
| Secretary. NELL F KLEINSCHDIOT   |                                       |
| Address: 617 LAKE PRIVE VERO BEACH, FL 3:  | 2963                                  |
| Treusurer ROBERT W KLEINSCHMIPT  | · · · · · · · · · · · · · · · · · · · |
| Address: 617 LAKE DRIVE VERO BEACH FL  | 32963                                 |
| NOVE: If necessary, you that attack madders on to the application listing additional officers at Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the applications. |                                       |
| 14. KOBERT W. KLEINSCHMIDT, PRESIDENT (Typed or printed name and capacity of berson signing application)   |                                       |
| carps of prince deline and capacity of person strings dubiteditilit  |                                       |

### ADDENDUM

DIRECTORS

Director: LARA KLEINSCHMIOT Address: 8 SPRUCE STREET #14F NEW YORK NY 10038

Page 1

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "THE KLEINSCHMIDT FAMILY 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 NINTH DAY OF FEBRUARY, A.D.

2018.

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 "THE KLEINSCHMIDT FAMILY FOUNDATION" WAS INCORPORATED ON THE FOURTEENTH DAY OF DECEMBER, A.D. 2004.

Authentication: 202125850

Date: 02-09-18

3896333 8300C SR# 20180881338