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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

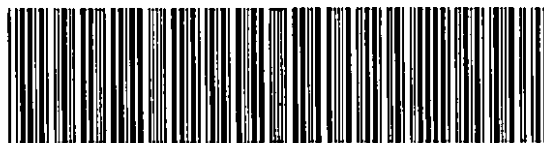
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Speckersy M.E.D.I.A. 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:

Clayton Sizemore
Name of Person

Sizemore Productions
Firm/Company

4310 Dr Martin Luther King Jr St North
Address

St Petersburg Florida 33703
City/State and Zip Code

sizemore06901.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Clayton Sizemore at (908) 721 2362
Name of Person Area Code 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 Speckesy MEDIA foundation a NJ non profit corporation

(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. New Jersey 3. 26-4198896
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. February 5 2009 5. Perpetual
(Date of Incorporation) (Date of duration, if other than perpetual)

6. 1/10/2018
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 4310 Dr Martin Luther King St N St Petersburg Fls 33703
(Principal office address)

Educkt

(Current mailing address, if different)

8. Educational and charitable purpose
(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: Clayton Sizemore

Office Address: 4310 Dr Martin Luther King Jr St North
St Petersburg, Florida 33703
(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.

Clayton Sizemore
(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.

12. Names and addresses of officers and/or directors

A. DIRECTORS

Chairman: Clayton Sizemore

Address: 4310 DI MLK ST N

St Petersburg Florida

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Amber Sizemore

Address: 25 RIVERSWOOD Lane

Scotch Plains New Jersey 07076

Vice President: Beverly Springer

Address: 80 Woodbriar Circle

McKinney Texas 75071

Secretary: Tina Rollins

Address: 24 Wind Rd Plainfield New Jersey 07070

Treasurer: _____

Address: _____

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

13. See attached
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Clayton Sizemore Director
(Typed or printed name and capacity of person signing application)

12. Names and addresses of officers and/or directors

A. DIRECTORS

Chairman: Clayton Sizemore
Address: 4310 Dr Martin Luther King Jr St
North

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Amber Sizemore
Address: Scotch Plains New Jersey 07076

Vice President: Bevern Springer
Address: McKinney Texas 75071

Secretary: Tina Rollins
Address: Plainfield New Jersey 07070

Treasurer: _____

Address: _____

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

13. Clayton Sizemore
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

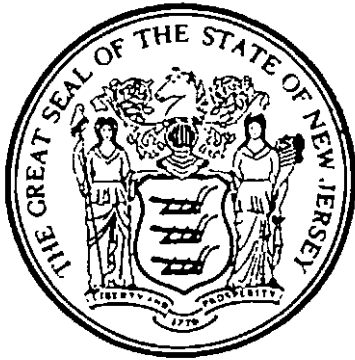
14. Clayton Sizemore
(Typed or printed name and capacity of person signing application)

18 FEB 20 AM 9:49
CLAYTON SIZEMORE

FILED

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
LONG FORM STANDING WITH CHARTER DOCUMENTS

THE SPEAKEASY M.E.D.I.A. FOUNDATION A NJ NONPROFIT CORPORATION
0400270207



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
25th day of January, 2018*

*Elizabeth Maher Muoio
Acting State Treasurer*

Certificate Number : 6085589708

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
LONG FORM STANDING WITH CHARTER DOCUMENTS**

THE SPEAKEASY M.E.D.I.A. FOUNDATION A NJ NONPROFIT CORPORATION
0400270207

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Non-Profit Corporation was registered by this office on February 05, 2009.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey. Annual Reports are outstanding for the following year(s): 2017

I further certify that the registered agent and office are:

*B SPRINGER
1812 FRONT STREET
SCOTCH PLAINS, NJ 07076*

I further certify that as of the date of this certificate, the following amendments and changes are on file in this office:

<i>AMENDMENT</i>	<i>05/07/2010</i>
<i>Annual Report filing with officer/member change</i>	<i>01/04/2015</i>
<i>Annual Report filing with officer/member change</i>	<i>06/05/2016</i>
<i>Annual Report Filing with address change</i>	<i>06/05/2016</i>