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COVER LETTER

то:	Registration Section Division of Corporations				
		Costello Syndrome Family Network (CSFN) , Inc.			
SUBJECT: Name of Corporation – must include suffix					
Dear S	ir or Mad	dam:			
Affairs	s in Flori	Application by Foreign Not for Profit Corporation for Authorization to Conduct its da", "Certificate of Existence", or "Certificate of Status" and check are submitted to we referenced not for profit corporation to conduct its affairs in Florida.			
Please	return al	I correspondence concerning this matter to the following:			
		Sandra D. Taylor			
		Name of Person (CSFN) Costello Syndrome Family Network			
		Firm/Company			
		1702 Tyndall Drive			
		Address			
		Panama City, FL 32401			
		City/State and Zip Code			
		sandra@costellosyndromeusa.org			
	•	E-mail address: (to be used for future annual report notification)			
For fu	rther info	ormation concerning this matter, please call:			
Sandra	a Taylor	850 832-4055 at ()			
		Name of Person Area Code Daytime Telephone Number			
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		ration Section Registration Section on of Corporations Division of Corporations ox 6327 Clifton Building			
Enclos	sed is a c	heck for the following amount:			
\$70	0.00 Filir	Certificate of Status S78.75 Filing Fee & Certified Copy S87.50 Filing Fee, Certified Copy Certified			

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	rome Family Network (CSFN) Inc.
(Name of corpor import in langua in the name at pr	ration: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like age as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained resent. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)
(If name unava	ilable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
Missouri 2.	3. (FEI number, if applicable)
(State or cour 02/25/2002	(FEI number, if applicable) 25. (Date of Incorporation) (Date of duration, if other than perpetual)
([Date of Incorporation) (Date of duration, if other than perpetual)
Registering in	Florida so I can conduct banking business in Florida.
(Date first condi	ucted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)
	Drive, Panama City, FL 32401
··-	(Principal office address)
·	(Current mailing address, if different)
	(00
To provide sup	port and education for families and promote research for Costello syndrome.
8. (Purpose(s) of	corporation authorized in home state or country to be carried out in the state of Florida)
(Turpose(s) of V	[m C)
9. Name and str	Sandra Taylor 1702 Tyndall Drive
Name:	Sandra Taylor
Office Address:	1702 Tyndall Drive
01110071001	Panama City Pindall Drive Pindall Drive (City) Florida 32401 (Zip Code)
	(City) (Zip Code)
10. Registered	agent's acceptance: I agent's acceptance: I agent's acceptance:
designated in th further agree to	imed as registered agent and to accept service of process for the above stated corporation at the place his application, I hereby accept the appointment as registered agent and agree to act in this capacity. It is comply with the provisions of all statutes relative to the proper and complete performance of my infamiliar with and accept the obligations of my position as registered agent.
	Sandra D Taylore (Registered agent's signature)
	(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:	Raileen Eaton. Director	
Address: 13	29 Lafavette Road. Salisburv. MA 01952	· · · · · · · · · · · · · · · · · · ·
– Vice Chair	rman:Ellvn Farellv. Director	
Address: <u>6</u> 3	2 Duane Street. Apt. 108. Redwood Citv. CA	
D	aura Baker. Director Division of Medical Genetics, Nemours/A.I. duPont Hospital for Children 600 Rockland Road. Wilmington. DE 19803	
Director: S	Sandra Taylor. Executive Director (not a board member)	
_ _	702 Tvndall Drive. Panama Citv. FL 32401	18 第 型
President:	ICERS Cherie Takernoto 01 N. Montana Street, Arlington, VA 22205	TO MO
Vice Presid	Angel Thomas dcnt: 3233 Zen Gardens Way, Austin, TX 78732	क्रि क
Secretary:	Mary Ernst 1 Bancroft Road, Cohasset, MA 02025	
Treasurer:	Robert Hefner 200 Allyn Street, Creve Coeur, IL 61610	
13. <u>Rob</u> e	If necessary, you may attach an addendum to the application listing additional office of the formula, vice Chairman, or any officer listed in number 12 of the last Hefner, Treasurer free free free free free free free	e application)
	(Typed or printed name and capacity of person signing application)

STATE OF MISSOURI



John R. Ashcroft Secretary of State

CORPORATION DIVISION CERTIFICATE OF GOOD STANDING

I, JOHN R. ASHCROFT, Secretary of State of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

Costello Syndrome Family Network (CSFN) N00068665

was created under the laws of this State on the 25th day of February, 2002, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 27th day of February, 2018.

Secretary of State

Certification Number: CERT-02272018-0075

