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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

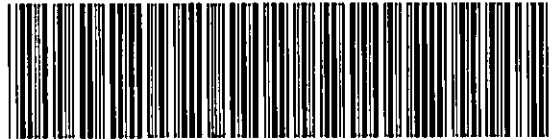
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2018 MAY 21 PM 4:28
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SOCIETY FOR ADVANCEMENT OF MANAGEMENT
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:

PATRICK ENDICOTT
Name of Person

SOCIETY FOR ADVANCEMENT OF MANAGEMENT
Firm/Company

1100 MAIN STREET
Address

THE VILLAGES, FLORIDA 32159
City/State and Zip Code

SOCIAL@SAMNATIONAL.ORG
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PATRICK ENDICOTT at (407) 310-4589
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. SOCIETY FOR ADVANCEMENT OF MANAGEMENT, 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. NEW YORK 3. 13-3179394
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. JULY 18, 1983 5. _____
(Date of Incorporation) (Date of duration, if other than perpetual)

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

7. 1100 MAIN STREET, THE VILLAGES, FLORIDA 32159
(Principal office address)

(Current mailing address, if different)

8. RESEARCH, TRAINING, PUBLISHING AND PROMOTION OF SCIENTIFIC MANAGEMENT
(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)

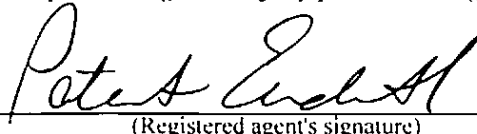
Name: PATRICK ENDICOTT

Office Address: 1100 MAIN STREET

THE VILLAGES, Florida 32159
(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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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

12. Names and addresses of officers and/or directors

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: DR. SANDI ZELKO

Address: 23 RIBERIA STREET

SAINT AUGUSTINE, FLORIDA 32084

B. OFFICERS

President: DR. ALAN FRAZIER

Address: 915 EAST MARKET AVENUE

SEARCY, AR 72149

Vice President: PATRICK ENDICOTT

Address: 1100 MAIN STREET

THE VILLAGES, FLORIDA 32159

Secretary: DR. SARA KIZER

Address: 915 SOUTH JACKSON STREET, MONTGOMERY AL 36104

Treasurer: DR. DAVE LARSON

Address: ONE UNIVERSITY PLAZA, UHB 4000, SPRINGFIELD, IL 62703

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

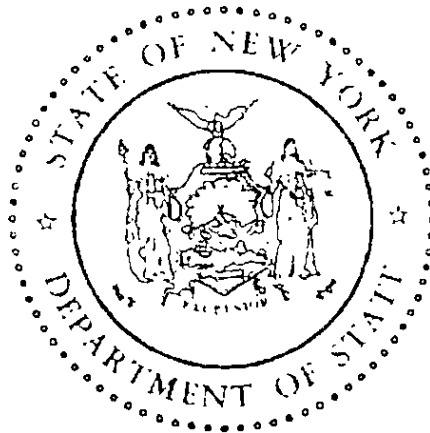
13. Patrick Endicott
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. PATRICK ENDICOTT, VICE PRESIDENT
(Typed or printed name and capacity of person signing application)

FILED
2008 MAR 21 PM 4:52
CLERK OF SUPERIOR COURT
JANUARY 2008

State of New York
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of SOCIETY FOR ADVANCEMENT OF MANAGEMENT, INC. was filed on 07/18/1983, 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.



*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 14th day of May two
thousand and eighteen.*

*Brendan W. Fitzgerald
Executive Deputy Secretary of State*