F18000028594

(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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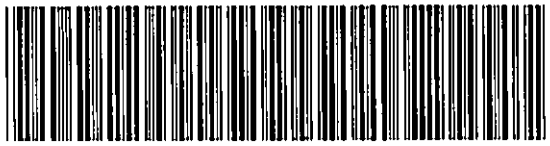

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18 JUN 18 PM 2:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

F NP

R. WHITE

JUN 20 2018

# COVER LETTER

**TO:** Registration Section
Division of Corporations

**SUBJECT:** L.E.A.D. INC.
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:

LINDA BONURA
Name of Person

L.E.A.D. INC.
Firm/Company

5 South Main Street
Address

Allentown, N.J. 08501
City/State and Zip Code

Accounting@leadrubs.org.
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LINDA BONURA at (609) 259-2500
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. L.E.A.D. 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.)

LAW ENFORCEMENT AGAINST DRUGS, INC
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. NEW JERSEY (State or country under the law of which it is incorporated)

3. 47-2471572 (FEI number, if applicable)

4. 12/2/14 (Date of Incorporation)

5. _____ (Date of duration, if other than perpetual)

6. HAVE NOT CONDUCTED AFFAIRS IN FLORIDA
(Date first conducted affairs in Florida if prior to registration. *See sections 617.1501 & 617.1502, F.S. to determine penalty liability.*)

7. 5 SOUTH MAIN ST. ALLENTOWN, NJ 08501
(Principal office address)

_____
(Current mailing address, if different)

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TALLAHASSEE, FLORIDA

8. DRUG PREVENTION EDUCATION
(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: JOHN F. LINDSAY

Office Address: 1111 BRICKELL BAY DRIVE # 710

MIAMI (City), Florida 33131 (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.***

JFL Lindsay
(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: ROBERT KUBLER

Address: 63 MARKET STREET
SADDLE BROOK, NJ 07663

Vice Chairman: JOHN J. MCCANN

Address: 117 CIDER MILL ROAD
FLEMINGTON, NJ 08822

Director: LINDA BONILLA

Address: 1575 VAN BUREN RD.
NORTH BRUNSWICK, NJ 08902

Director: NICHOLAS R. DELUCA

Address: 5 SOUTH MAIN ST
ALLENTOWN, NJ 08501

**B. OFFICERS**

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: RICHARD BOZZA

Address: 920 WEST STATE STREET, TRENTON, NJ 08618

Treasurer: JOSEPH CIPOLLA

Address: 851 FRANKLIN LAKES RD, FRANKLIN LAKES, NJ. 07417

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

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

14. ROBERT KUBLER CHAIRMAN
(Typed or printed name and capacity of person signing application)

*STATE OF NEW JERSEY*
*DEPARTMENT OF THE TREASURY*
*DIVISION OF REVENUE AND ENTERPRISE SERVICES*
*SHORT FORM STANDING*

*L.E.A.D. INC.*
*0101034944*

*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 December 02, 2014.*

*As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.*

*I further certify that the registered agent and office are:*

*NICK DEMAURO*
*5 SOUTH MAIN STREET*
*ALLENTOWN, NJ 08503*

*IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 8th day of June, 2018*

*Elizabeth Maher Muoio*
*State Treasurer*

*Certificate Number : 6088906711*

*Verify this certificate online at*

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