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Registration Section

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Division of Corporations

TO:

SUBJECT: L, E. A. D. TWO. Name of Corporation – must inc		
Name of Corporation – must inc	lude suffix	
Dear Sir or Madam:		
The enclosed "Application by Foreign Not for Profit Corporation Affairs in Florida", "Certificate of Existence", or "Certificate of register the above referenced not for profit corporation to conduct	Status" and check are submitted to	
Please return all correspondence concerning this matter to the following:		
LINDA BONUK	PA	
Name of Person L.E.A.D., IN Firm/Company	a.	
Firm/Company		
5 South MAIN	1 JAPET	
5 South MAIN Address Allewround Note City/State and Zip Code	J. 0850)	
Accountino @ leac	drubs. ORb.	
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
LINDA BONURA at (609) Name of Person Area Code	259-2500 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:		

☐ \$87.50 Filing Fee.

Certified Copy

Certificate of Status &

□\$78.75 Filing Fee & 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:

LIE.A.D. INC.			
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbrevia import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if no in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)	itions of li t so contai	ke ned	
LAW ENFORIEMENT AGAINST DRUIR, JOC,			
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business	in Florida	a)	
2. NEW-TERSON 3. 47-2471572 (State or country under the law of which it is incorporated) (FEI number, if applicable)			
4. (Date of Incorporation) 5. (Date of duration, if other than perp	etual)		
6. HAVE NOT CONDUCTED AFFAIRS IN FLURIL (Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine	S/A	abilin '	1
5 South MAIN St. AllENTOWN NJ-08			,
(Principal office address)	/		
(Current mailing address, if different)	1: X	<u> </u>	
8. DRUB PREVENTION EducATION (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)			77
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)		ယ	
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	 	PH 2:	
Name: TOHN F. LINDSAY	955	: 07	
Office Address: 1111 BRICKELL BALL DRIVE # 713			
<u>MIAMI</u> . Florida <u>33/3/</u> (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 signifure)

11. Attached is a certificate of existence duly authenticated, nor 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 KULLER
Address: 63 MARKET STREET
SADALE BROOK, NJ 07663
Vice Chairman: JOhn J. McCANN
Address: 117 CISCR HILL ROAS
Fleungton, NT 08820
Director: LINAN BONGEA
Address: 1575 VAN BUREN Rd
NORTH BAUDSWICK, NJUSGOD
Director: NIChOINS R DEMAURD
Address: 5 DUH HAIN ST
Alensown, NJ USSO/
B. OFFICERS
President:
Address:
Vice President:
Address:
Secretary: RICHARD BOZZA
Address: 920 WEST STATE STREET TRENTON, NJ GER
Treasurer: TOSEPH (IPO//A)
Address: 85/ FRANKLIN LAKES Rd, FRANKLIN LAKES, NJ.
0/4//
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
(Signature of Chairman, Vize Chairman, or any officer listed in number 12 of the application)
14. RIBERT MUGLER (SPIRMAN) (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

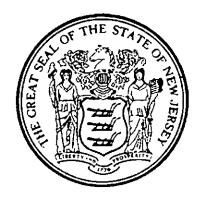
L.E.A.D. INC. 0101034944

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

der on Mun

Elizabeth Maher Muoio State Treasurer

Certificate Number: 6088906711

Verify this certificate online at

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