

F 18000002985

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TALLAHASSEE, FLORIDA

180000049566

OC
6-27-18



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 25, 2018

MANDELL SAFER
7720C ISABELLA DRIVE
PORT RICHEY, FL 34668 US

SUBJECT: COMMUNITY DRIVER SAFETY PROGRAMS, INC
Ref. Number: W18000049566

We have received your document for COMMUNITY DRIVER SAFETY PROGRAMS, INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Janeice L Smith
Regulatory Specialist II
Registration Section

Letter Number: 618A00010855

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COMMUNITY DRIVER SAFETY PROGRAMS, 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:

MANDELL SAFER

Name of Person

COMMUNITY DRIVER SAFETY PROGRAMS, INC.

Firm/Company

7720C ISABELLA DRIVE

Address

PORT RICHEY FL 34668

City/State and Zip Code

manny.at.c.d.s.p@gmail.com

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

For further information concerning this matter, please call:

Mandell Safer

Name of Person

at (

727

) Area Code

815-7880

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. COMMUNITY DRIVER SAFETY PROGRAMS, 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. 01-0758846
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. _____ 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. 19 OAK BROOK COMMONS, CLIFTON PARK NY 12065
(Principal office address)

(Current mailing address, if different)

8. INSTRUCT CLASSES IN DEFENSIVE DRIVING
(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)

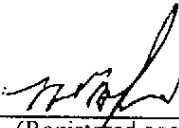
Name: MANDELL SAFER

Office Address: 7720 C ISABELLA DRIVE
PORT RICHEY, Florida 34668
(City) (Zip Code)

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TALLAHASSEE, FLORIDA

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.

12. Names and addresses of officers and/or directors

A. DIRECTORS

Chairman: MANDELL SAFER *2*
Address: 7720 C ISABELLA DR
PORT RICHEY FL 34668

Vice Chairman: HOPE GOLDHABER % C.D.S.P. *VH*
Address: 19 OAK BROOK COMMONS
CLIFTON PARK NY 12065

Director: ELIZABETH PEDRAZA % C.D.S.P. *7*
Address: 19 OAK BROOK COMMONS
CLIFTON PARK NY 12065

Director: BRENDA SAFER % C.D.S.P. *-*
Address: 19 OAK BROOK COMMONS
CLIFTON PARK NY 12065

B. OFFICERS

President: MANDELL SAFER
Address: 7720 C ISABELLA DRIVE
PORT RICHEY FL 34668

Vice President: HOPE GOLDHABER % C.D.S.P.
Address: 19 OAK BROOK COMMONS
CLIFTON PARK NY 12065

Secretary: BRENDA SAFER % C.D.S.P.
Address: 19 OAK BROOK COMMONS CLIFTON PARK NY 12065

Treasurer: ELIZABETH PEDRAZA % C.D.S.P.
Address: 19 OAK BROOK COMMONS CLIFTON PARK NY 12065

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TALLAHASSEE, FLORIDA

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

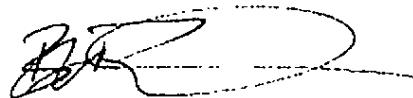
13. *MANDELL SAFER*
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. MANDELL SAFER PRES. CEO
(Typed or printed name and capacity of person signing application)

State of New York
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of COMMUNITY DRIVER SAFETY PROGRAMS, INC. was filed on 12/09/2002, 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 18th day of June two
thousand and eighteen.*



*Brendan W. Fitzgerald
Executive Deputy Secretary of State*