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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

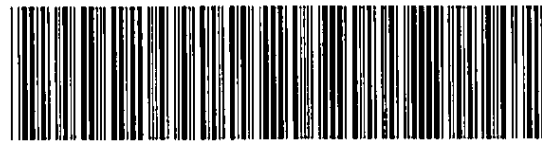
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Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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18 JUL 25 AM 1:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
JUL 27 2018



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 15, 2018

NICHOLAS J CAFARO, CPA  
271 RT 46 W, SUITE D-102  
FAIRFIELD, NJ 07004

SUBJECT: CHRISTMAS IS FOR CHILDREN, INC.  
Ref. Number: W18000055856

RECEIVED  
2018 JUL 25 AM 11:10  
CORPORATIONS  
DIVISION

We have received your document for CHRISTMAS IS FOR CHILDREN, 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):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

The name and title of the person signing the document must be noted beneath or opposite the signature.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return 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.

Dionne M Scott  
Regulatory Specialist II

Letter Number: 118A00012507

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CHRISTMAS IS FOR CHILDREN, 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:

NICHOLAS J. CAFARO, CPA

\_\_\_\_\_  
Name of Person

ZERBO, ZAMBITO & CAFARO, LLC

\_\_\_\_\_  
Firm/Company

271 RT 46 WEST, SUITE D-102

\_\_\_\_\_  
Address

FAIRFIELD, NJ 07004

\_\_\_\_\_  
City/State and Zip Code

NICK@ZZCCPAS.COM

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

For further information concerning this matter, please call:

NICHOLAS J. CAFARO, CPA

\_\_\_\_\_  
Name of Person

973  
at (\_\_\_\_\_)\_\_\_\_\_  
Area Code

227-6560

\_\_\_\_\_  
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 &    ☐ \$78.75 Filing Fee &    ☐ \$87.50 Filing Fee,

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:

CHRISTMAS IS FOR CHILDREN, INC.

1. \_\_\_\_\_  
(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.)
2. NEW JERSEY 3. 22-3176316  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 06/1992 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)
6. N/A  
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)
7. 271 RT. 46 WEST, SUITE D-102, FAIRFIELD, NJ 07004-2432  
(Principal office address)
- \_\_\_\_\_  
(Current mailing address, if different)

SUPPORT UNDERPRIVILEGED CHILDREN.

8. \_\_\_\_\_  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

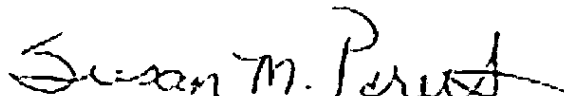
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Susan M. Parent  
Office Address: 1515 Sunset Circle  
Mount Dora, Florida 32757  
(City) (Zip Code)

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SECRETARY OF STATE  
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.

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TALLAHASSEE, FLORIDA

12. Names and addresses of officers and/or directors

**A. DIRECTORS**

Chairman: PATRICIA MURPHY RAE

Address: 271 RT. 46 WEST, SUITE D-102, FAIRFIELD, NJ 07004

Vice Chairman: GARY RAE

Address: 271 RT. 46 WEST, SUITE D-102, FAIRFIELD, NJ 07004

Director: ELLEN BOND

Address: 271 RT. 46 WEST, SUITE D-102, FAIRFIELD, NJ 07004

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: \_\_\_\_\_

Address: \_\_\_\_\_

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

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

13. P. Murphy Rae Executive Director & Gary S. Rae Director  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. PATRICIA MURPHY RAE : GARY S. RAE  
(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**

**CHRISTMAS IS FOR CHILDREN INC.**  
0100519369

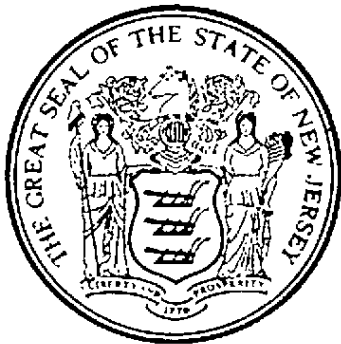
*I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Non-Profit Corporation was registered by this office on June 01, 1992.*

*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:*

ZERBO, ZAMBITO & CAFARO, LLC  
271 ROUTE 46 W  
SUITE D-102  
FAIRFIELD, NJ 07004

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**18 JUL 25 AM 1:50**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**



*IN TESTIMONY WHEREOF, I have  
hereunto set my hand and affixed  
my Official Seal at Trenton, this  
25th day of June, 2018*

Elizabeth Maher Muoio  
State Treasurer

Certificate Number : 6089325785

Verify this certificate online at

[https://www1.state.nj.us/TYTR\\_StandingCert/JSP/Verify\\_Cert.jsp](https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp)