

**F18000003614**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

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

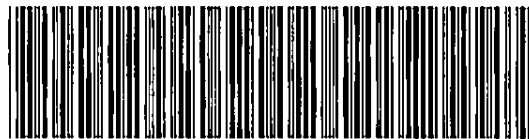
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(Document Number)

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

Special Instructions to Filing Officer:

**W18000067097**

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TALLAHASSEE FLORIDA

**N BRUCE**  
AUG 07 2018



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 23, 2018

NORMAN L. BRICKELL  
1500 S. OCEAN BLVD, UNIT S1602  
BOCA RATON, FL 33432

SUBJECT: RODD D, BRICKELL FOUNDATION, INC.  
Ref. Number: W18000067097

We have received your document for RODD D, BRICKELL FOUNDATION, INC. and your check(s) totaling \$87.50. 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.

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.

Deborah Bruce  
Corporate Records Supervisor

Letter Number: 918A0001513

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** RODD D. BRICKELL FOUNDATION, 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:

NORMAN L. BRICKELL  
Name of Person

—  
Firm/Company

1500 S. OCEAN BLVD.  
Address

BOCA RATON, FL. 33432 - UNIT 81602  
City/State and Zip Code

CONCIERGE @ ADDISON BOCA - COM.  
E-mail address: (to be used for future annual report notification)

ATTN: N. BRICKELL

For further information concerning this matter, please call:

NORMAN L. BRICKELL at (561) 368-4727  
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

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2018 AUG - 1 PM 2:42  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

LETTER #  
918A0001S131

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. RODD D. BRICKELL FOUNDATION 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. 13-3320286  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 11/27/85 5. \_\_\_\_\_  
(Date of Incorporation) (Date of duration, if other than perpetual)

6. 7/23/08  
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S., to determine penalty liability.)

7. 1500 S. OCEAN BLVD  
(Principal office address)

BOCA RATON, FL. 33432 - UNIT # 51602  
(Current mailing address, if different)

8. TO DISTRIBUTE GRANTS SAFE SEARCH SYSTEM  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)  
FOR STUDENTS - SAFETY

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

Name: NORMAN L. BRICKELL

Office Address: 1500 S. OCEAN BLVD  
BOCA RATON, Florida FL. 33432  
(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.

Norman L. Brickell  
(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.

RECEIVED  
2018 AUG 2 AM 10:08  
TALLAHASSEE  
SECRETARY OF STATE  
FLORIDA  
UNIT 51602  
PA 2:42

12. Names and addresses of officers and/or directors

A. DIRECTORS

Chairman: RICHARD J. BRICKELL

Address: 9 E 40th ST

NYC NY 10016

Vice Chairman: \_\_\_\_\_

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

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

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

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

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

B. OFFICERS

President: NORMAN L. BRICKELL

Address: 1500 S. OCEAN BLVD

BOCA RATON, FL. 33432 - UNIT 51602

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. \_\_\_\_\_  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. NORMAN L. BRICKELL  
(Typed or printed name and capacity of person signing application)