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

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

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

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

☐ PICK-UP

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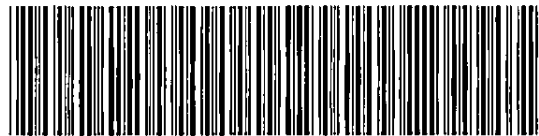
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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18 OCT -8 AM 4:02  
SEATTLE, WASHINGTON  
TALLAHASSEE, FLORIDA

K. SALY  
OCT 15 2018

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 428454 7263946

AUTHORIZATION :

COST LIMIT : \$ 70.00

ORDER DATE : October 8, 2018

ORDER TIME : 3:35 PM

ORDER NO. : 428454-010

CUSTOMER NO: 7263946

FOREIGN FILINGS

NAME: WE THE BEST FOUNDATION, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER: \_\_\_\_\_

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. We The Best 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. 82-4131208  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 1/17/18 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. 3000 Marcus Avenue, Suite 1W5, Lake Success, NY, 11042  
(Principal office address)  
  
\_\_\_\_\_  
(Current mailing address, if different)
8. Charitable foundation  
(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: Corporation Service Company  
Office Address: 1201 Hays Street  
Tallahassee, Florida 32301  
(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.*  
  
Corporation Service Company  
By: Roxanne Turner  
(Registered agent's signature) **Roxanne Turner**  
Asst. Vice President
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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18 OCT - 8 AM 4:02  
STATE  
TALLAHASSEE, FLORIDA

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18 OCT -8 AM 4:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12. Names and addresses of officers and/or directors

A. DIRECTORS

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

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

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

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

Director: Khaled M. Khaled \_\_\_\_\_

Address: 3000 Marcus Avenue, Suite 1W5 \_\_\_\_\_

Lake Success, NY 10042 \_\_\_\_\_

Director: See attachment for additional directors \_\_\_\_\_

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

B. OFFICERS

President: Khaled M. Khaled \_\_\_\_\_

Address: 3000 Marcus Avenue, Suite 1W5 \_\_\_\_\_

Lake Success, NY 10042 \_\_\_\_\_

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

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

Secretary: Nicole Tuck \_\_\_\_\_

Address: 3000 Marcus Avenue, Suite 1W5, Lake Success, NY 10042 \_\_\_\_\_

Treasurer: Bruce Seckendorf \_\_\_\_\_

Address: 3000 Marcus Avenue, Suite 1W5, Lake Success, NY 10042 \_\_\_\_\_

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)

**Bruce Seckendorf, Chief Financial Officer/Treasurer**

14. \_\_\_\_\_  
(Typed or printed name and capacity of person signing application)

ATTACHMENT TO APPLICATION BY FOREIGN NOT FOR PROFIT  
CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

for

WE THE BEST FOUNDATION, INC.

Item 12.A – Directors (continued):

Nicole Tuck  
3000 Marcus Avenue, Suite 1W5  
Lake Success, NY 11042

Bruce S. Seekendorf  
3000 Marcus Avenue, Suite 1W5  
Lake Success, NY 11042

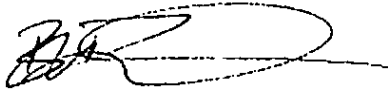
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18 OCT -8 AM 14:03  
STATE  
TALLAHASSEE, FLORIDA

**State of New York**  
**Department of State** } ss:

I hereby certify, that the Certificate of Incorporation of WE THE BEST FOUNDATION, INC. was filed on 01/17/2018, 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 14th day of September  
two thousand and eighteen.*



Brendan W. Fitzgerald  
Executive Deputy Secretary of State



201809170481 \* 45

FILED  
18 OCT -8 AM 4:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA