

F18000004688

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

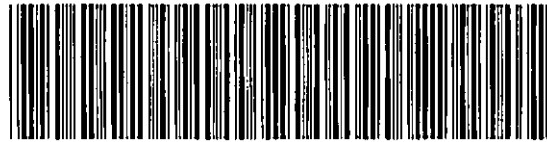
(Document Number)

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08/13/18--01019--033 \*\*96.25

2018 OCT 17 AM 8:41  
SECRETARY OF STATE  
AT 601 GUYTON ST  
DOVER, DE 19901

FILED

M. MILLIGAN

OCT 17 2018



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 17, 2018

THE IMPLANT TRUTH SURVIVORS, INC  
1 COUNTRY CLUB CT  
SHALIMAR, FL 32579

SUBJECT: THE IMPLANT TRUTH SURVIVORS COMMITTEE, INC  
Ref. Number: W18000074767

We have received your document for THE IMPLANT TRUTH SURVIVORS COMMITTEE, INC and your check(s) totaling \$96.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

Michelle Milligan  
Senior Section Administrator

Letter Number: 818A00017056

2018 SEP 18 AM 11:14

8-30-18

Letter from Ky  
in back ☺  
Thank you!  
Am

[www.sunbiz.org](http://www.sunbiz.org)

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** The Implant Truth Survivors, INC  
Name of Foreign Not For Profit Corporation

Dear Sir or Madam:

The enclosed Foreign Not for Profit Name Registration, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Anne Ziegenhorn

Name of Person

The Implant Truth Survivors, INC

Firm/Company

1 Country Club Ct

Address

Shalimar, FL 32579

City/State and Zip Code

TITSCommittee@gmail.com

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

For further information concerning this matter, please call:

Anne Ziegenhorn

Name of Person

at ( 850 )

Area Code & Daytime Telephone Number

543-0390

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☐ \$87.50 Filing Fee

☒ \$96.25 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:

1. The Implant Truth Survivors, 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. KY

(State or country under the law of which it is incorporated)

3. 81-1178169

(E.F. number, if applicable)

4. January 14, 2006

(Date of Incorporation)

5. NA

(Date of duration, if other than perpetual)

6. NA

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

7. 1 Country Club Ct, Shalimar, FL 32579

(Principal office address)

Same as above

(Current mailing address, if different)

8. To educate consumers, professionals and companies about Informed Consent for Breast Implants.

(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: Anne Ziegenhorn

Office Address: 1 Country Club Ct

Shalimar

(City)

Florida 32579

(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.

L. A.

(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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12. Names and addresses of officers and or directors

A. DIRECTORS

Chairman: Anne Ziegenhorn  
1 Country Club Ct  
Address: Shalimar, FL 32579

Vice Chairman: Paula Blades  
272 Crick Lane  
Address: Calvert City, KY 42029

Director:  
Address:

Director:  
Address:

B. OFFICERS

President: Anne Ziegenhorn  
1 Country Club Ct  
Address: Shalimar, FL 32579

Vice President: Paula Blades  
272 Crick Lane  
Address: Calvert City, KY 42029

Secretary: Anne Ziegenhorn  
1 Country Club Ct, Shalimar, FL 32579  
Address:

Treasurer: Paula Blades  
272 Crick Ln, Calvert City, KY 42029  
Address:

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

13. Anne Ziegenhorn  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Anne Ziegenhorn  
(Typed or printed name and capacity of person signing application)

SECRETARY OF STATE  
2018 OCT 17 AM 8:41

FILED

**Commonwealth of Kentucky**  
**Alison Lundergan Grimes, Secretary of State**

Alison Lundergan Grimes  
Secretary of State  
P. O. Box 718  
Frankfort, KY 40602-0718  
(502) 564-3490  
<http://www.sos.ky.gov>

**Certificate of Existence**

Authentication number: 206910

Visit <https://app.sos.ky.gov/ftshow/certvalidate.aspx> to authenticate this certificate.

I, Alison Lundergan Grimes, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,


**THE IMPLANT TRUTH SURVIVORS INC.**

is a corporation duly incorporated and existing under KRS Chapter 14A and KRS Chapter 273, whose date of incorporation is January 14, 2016 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that Articles of Dissolution have not been filed; and that the most recent annual report required by KRS 14A.6-010 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 14<sup>th</sup> day of September, 2018, in the 227<sup>th</sup> year of the Commonwealth.



  
Alison Lundergan Grimes  
Secretary of State  
Commonwealth of Kentucky  
206910/0941567