

F18C00005761

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H18000355142 3)))



H1800035514235805

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6393

From:

Account Name : SHUTTS & BOWEN, LLP
Account Number : 076447000313
Phone : (305) 358-6300
Fax Number : (305) 347-7766

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: RCHENG@SHUTTS.COM

SECRETARY OF STATE
FALL ASSOCIATION
FLORIDA

18 DEC 14 AM 9:41

FILED

FOREIGN PROFIT/NONPROFIT CORPORATION
THE ALFRED WOHL FAMILY FOUNDATION INC

RECEIVED

DEC 14 2018

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$87.50

Electronic Filing Menu

Corporate Filing Menu

Help

12-17-18

(((H18000355142 3)))

**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 ALFRED WOHL FAMILY 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. DELAWARE 3. 11-6012485
(State or country under the law of which it is incorporated) (PEI number, if applicable)
4. April 14, 1954 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. 2800 Ponce De Leon Blvd., Suite 1160, Coral Gables, 33134
(Principal office address)
- _____ (Current mailing address, if different)
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: CORPORATION COMPANY OF MIAMI
Office Address: 200 S. BISCAYNE BLVD., SUITE 4100 (RXC)
MIAMI 33131
(City) Florida (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.
By: [Signature] (Registered agent's signature) Alfred Smith, 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.

FILED
 18 DEC 14 AM 9:41
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

(((H18000355142 3)))

(((H18000355142 3)))

12. Names and addresses of officers and/or directors

A. DIRECTORS

Trustee: Michael D. Wohl

Address: 2800 Ponce De Leon Blvd., Suite 1160

Coral Gables, FL 33134

Vice Chairman:

Address:

Director:

Address:

Director:

Address:

B. OFFICERS

President: Michael D. Wohl

Address: 2800 Ponce De Leon Blvd., Suite 1160

Coral Gables, FL 33134

Vice President:

Address:

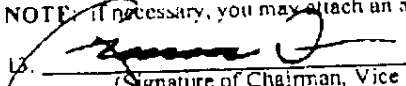
Secretary:

Address:

Treasurer:

Address:

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

L. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)N. Michael D. Wohl, President
(Typed or printed name and capacity of person signing application)SECRETARY OF STATE
TALLAHASSEE, FLORIDA

18 DEC 14 AM 9:41

FILED

(((H18000355142 3)))

((H18000355142 3)))

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "THE ALFRED WOHL FAMILY FOUNDATION" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SEVENTH DAY OF NOVEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CORPORATION IS AN EXEMPT CORPORATION.


FILED
18 DEC 14 AM 9:41
SECRETARY OF STATE
HALLAMSTEAD, FLORIDA



475307 8300C

SR# 20187685929

You may verify this certificate online at corp.delaware.gov/authver.shtml


Jeffrey W. Bullock, Secretary of State

Authentication: 203969192

Date: 11-27-18

((H18000355142 3)))