

F18000005937

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

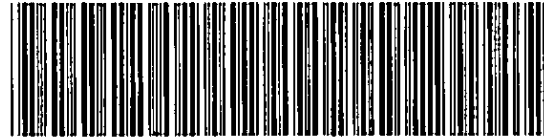
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C CAVE
DEC 28 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Carden Educational 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:

Jennifer Royse

Name of Person

The Carden Educational Foundation, Inc.

Firm/Company

1005 Gammon Ct

Address

Saint Johns, FL 32259

City/State and Zip Code

jroyse@carden.org

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

For further information concerning this matter, please call:

Jennifer Royse

Name of Person

at (843)

Area Code

535-0090

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:

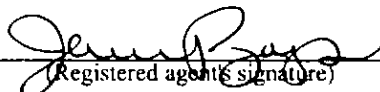
- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☒ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**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 Carden Educational 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. 13-6116178
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. March 13, 1962 5. n/a
(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. 1005 Gammon Ct. Saint Johns, FL 32259
(Principal office address)
- PO Box 600405, Jacksonville, FL 32260
(Current mailing address, if different)
8. Teach and Publish the Carden Method in the United States and Abroad.
(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: Jennifer Royse
- Office Address: 1005 Gammon Ct.
Saint Johns, Florida 32259
(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.


(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.

12. Names and addresses of officers and/or directors

A. DIRECTORS

Jennifer Royse
Chairman: _____
1005 Gammon Ct.
Address: _____
St. Johns, FL 32259

Kristin Rao
Vice Chairman: _____
13 Douglane Ave.
Address: _____
San Jose, CA 95117

Ernesto Luzzatto
Director: _____
45 Broadway, 15th FL
Address: _____
New York, NY 10006

Andrew Scott
Director: _____
6 Fulton St
Address: _____
Weehawken, NJ 07086

B. OFFICERS

Jennifer Royse
President: _____
1005 Gammon Ct.
Address: _____
Saint Johns, FL 32259

Kristin Rao
Vice President: _____
13 Douglane Ave
Address: _____
San Jose, CA 95117

Kristin Rao
Secretary: _____
13 Douglane Ave. San Jose, CA 95117
Address: _____
Jennifer Royse
Treasurer: _____
1005 Gammon Ct. Saint Johns, FL 32259
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. Jennifer Royse, President
(Typed or printed name and capacity of person signing application)

Addendum to APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION
TO CONDUCT BUSINESS ITS AFFAIRS IN FLORIDA, item 12, Names and addresses of officers
and/or directors

A. Directors

William F. Royse
1005 Gammon Ct
Saint Johns, FL 32259

State of New York
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of THE CARDEN EDUCATIONAL FOUNDATION, INC. was filed on 03/13/1962, 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 28th day of November two
thousand and eighteen.*

*Whitney Clark
Deputy Secretary of State*