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SECRETARY OF STATE

M. MILLIGAN MAR 0 7 2019

COVER LETTER

SUBJECT:	BREGMAN FAMILY FO	UNDATION, INC.		
OUDIECTi_	Name of Corporation – must include suffix			
Dear Sir or M	adam:			
Affairs in Flo		Corporation for Authorization to Conduct its ertificate of Status" and check are submitted to on to conduct its affairs in Florida.		
Please return	all correspondence concerning this ma	tter to the following:		
	BRETT M. DALE			
	Name o	f Person		
	HUCK BOUMA PC			
	Firm/C	ompany		
	1755 S. NAPERVILLE ROAD			
	SUITE 200			
	Address			
	WHEATON, IL 60189			
	City/State a	nd Zip Code		
	bdale@huckbouma.com			
	E-mail address: (to be used for t	uture annual report notification)		
For further in	ormation concerning this matter, pleas	se call:		
Brett M. Dale		630 221-1755		
	Name of Person at (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		
	theck for the following amount: seek payable to: FLORIDA DEPARTME	NT OF STATE		
\$70.00 Fi		\$78.75 Filing Fee & S87.50 Filing Fee Certified Copy 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:

port in language as will clearly indicate that it i the name at present. "Company" or "Co." may i	is a corporation instead of a natural person or partnership not be used as a corporate suffix by a nonprofit corporation	if not so contained on.)
f name unavailable in Florida, enter alternate co	orporate name adopted for the purpose of transacting bus	iness in Florida)
Delaware	3. 83-2842362	
(State or country under the law of which it is in	(FEI number, if applicable)	
December 5, 2018	5.	
(Date of Incorporation)	5 (Date of duration, if other than p	perpetual)
Date first conducted affairs in Florida if prior to reg	gistration. See sections 617.1501 & 617.1502. F.S. to determ	mine penalty liability.
9636 Cypress Hammock Circle, Apt. 201,	Bonita Springs, FL 34135	
9636 Cypress Hammock Circle, Apt. 201,	Bonita Springs, FL 34135 Principal office street address)	
(Principal office street address)	
(2019
(Cui	Principal office street address) rrent mailing address, if different)	- F. C. E.
(Cur benefit religious, scientific, literary, education	Principal office street address) ment mailing address, if different) all or other charitable organizations	FEB I
(Cur benefit religious, scientific, literary, education	Principal office street address) rrent mailing address, if different)	FEB 19
(Cur o benefit religious, scientific, literary, education (urpose(s) of corporation authorized in home sta	Principal office street address) rrent mailing address, if different) all or other charitable organizations ate or country to be carried out in the state of Florida)	FEB 19 r
(Cur o benefit religious, scientific, literary, education Purpose(s) of corporation authorized in home sta	Principal office street address) rrent mailing address, if different) all or other charitable organizations ate or country to be carried out in the state of Florida)	FEB 19 TO
o benefit religious, scientific, literary, education. Purpose(s) of corporation authorized in home sta	Principal office street address) rrent mailing address, if different) all or other charitable organizations ate or country to be carried out in the state of Florida)	CRETARY OF STA
o benefit religious, scientific, literary, education. Surpose(s) of corporation authorized in home statements and street address of Florida registered Name: Andrew Bregman	Principal office street address) Trent mailing address, if different) Tall or other charitable organizations Inter or country to be carried out in the state of Florida) In agent: (P.O. Box NOT acceptable)	FEB 19 CA
o benefit religious, scientific, literary, education. Purpose(s) of corporation authorized in home statements and street address of Florida registered.	Principal office street address) Trent mailing address, if different) Tall or other charitable organizations Inter or country to be carried out in the state of Florida) In agent: (P.O. Box NOT acceptable)	CRETARY OF STA

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to

(Registered agent's signature)

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.

12. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTO	RS			
□Сһаігтал	Name: Andrew Bregman	□ Chairman	Name: Benjamin Bregman	
□Vice Chairman	Address: 9636 Cypress Hammock Circle	□Vice Chairman	Address: 346 Norwood Hills Dr	
Director	Apt. 201	■Director	Winston Salem, NC 27107	
■ President	Bonita Springs, FL 34135	□President		
□Vice President		□Vice President		
■Secretary	■ Treasurer	☐Sccretary	□Treasurer	
Other:	□ Other:	□ Other:	Other:	
□Chairman	Name: Ann Bregman	□Chairman	Name:	
□Vice Chairman	Address: 2029 W. Pierce Ave	□Vice Chairman	4.33	
Director	#3E	Director		
□President	Chicago, IL 60622	□President	457 EB	
□Vice President		□Vice President	55.75 T9	
□Secretary	□Treasurer	☐Secretary	□Treasurezy = □	
□Other:	Other:	Other:	문제 #	
□Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
Director		□Director		
□President		□President		
□Vice President		□Vice President		
☐Secretary	☐Treasurer	☐Secretary	☐Treasurer	
□Other:	Other:	Other:		
13	t Notice: Use an attachment to report more than so viduals may be added to the index when filing you will be the control of th	ur Florida Department o	f State Annual Report form. 12 of the application)	
	(Typed or printed name and capacity of	person signing application	on)	

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "BREGMAN FAMILY FOUNDATION, INC." 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 ELEVENTH DAY OF FEBRUARY,

A.D. 2019.

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



Authentication: 202239834

Date: 02-11-19

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