

F1900002882

(Requestor's Name)

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(Address)

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(Business Entity Name)

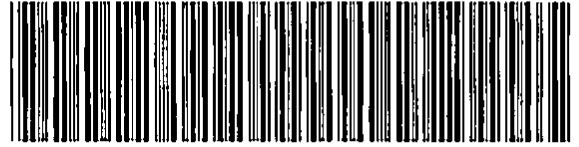
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Y SCOTT
JUN 2 2 2019

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA





FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 31, 2019

BETH ULBRICH
355 LEXINGTON AVE.
15TH FLOOR
NEW YORK, NY 10017

Return to:
c/o Sunshine
Corporate

Corrected
Please use
original
file
date

SUBJECT: MYASTHENIA GRAVIS FOUNDATION OF AMERICA, INC.
Ref. Number: W19000052546

We have received your document for MYASTHENIA GRAVIS FOUNDATION OF AMERICA, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must include the purpose(s) for which the corporation is authorized in the home state or country to be carried out in the state of Florida. Please make such correction to number 8 of the application.

The registered agent must sign accepting the designation.

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) 245-6052.

Yvette Scott
Document Specialist II

Letter Number: 019A00010944

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TALLAHASSEE, FLORIDA

19 JUN 19 AM 11:25

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 6/19/2019

****WALK IN****

ENTITY NAME MYASTHENIA GRAVIS FOUNDATION OF AMERICA, INC.

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXX _____

Plain Copy

Certified Copy

Certificate of Status

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TALLAHASSEE, FLORIDA

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certificate of Good Standing

****APOSTILLE' / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED credit

CHECK # _____

Please call Tina at the above number for any issues or concerns. Thank you so much!

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. MYASTHENIA GRAVIS FOUNDATION OF AMERICA, 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. 13-5672224
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 11/12/1952 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. 355 LEXINGTON AVENUE, 15TH FLOOR NEW YORK, NY 10017
(Principal office street address)

(Current mailing address, if different)

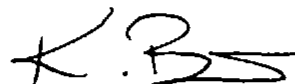
8. Charitable
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: URS AGENTS, LLC
Office Address: 3458 LAKESHORE DRIVE
TALLAHASSEE, Florida 32312
(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.



Kanetha Bishop, Asst. Secretary
(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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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

☐ Chairman Name: Susan Klinger
☒ Vice Chairman Address: 355 Lexington Avenue, 15th Floor
New York, NY 10017
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Beth Ulbrich
☐ Vice Chairman Address: 355 Lexington Avenue, 15th Floor
New York, NY 10017
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other: CFO ☐ Other: _____

☐ Chairman Name: Suzanne Ruff, PhD
☐ Vice Chairman Address: 355 Lexington Avenue, 15th Floor
New York, NY 10017
☐ Director _____
☐ President _____
☐ Vice President _____
☒ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Denise Rossi
☐ Vice Chairman Address: 355 Lexington Avenue, 15th Floor
New York, NY 10017
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☒ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Nancy Law
☐ Vice Chairman Address: 355 Lexington Avenue, 15th Floor
New York, NY 10017
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other: CEO ☐ Other: _____

☐ Chairman Name: Jennifer Faucett Cote, JD
☐ Vice Chairman Address: 355 Lexington Avenue, 15th Floor
New York, NY 10017
☒ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

NOTE: Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

13. Beth A. Ulbrich, CEO
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Beth A. Ulbrich CEO
(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA

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

I hereby certify, that the Certificate of Incorporation of MYASTHENIA GRAVIS FOUNDATION OF AMERICA, INC. was filed on 11/12/1952, under the name of THE MYASTHENIA GRAVIS FOUNDATION, INC., 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.

A Certificate of Amendment THE MYASTHENIA GRAVIS FOUNDATION, INC., changing its name to MYASTHENIA GRAVIS FOUNDATION OF AMERICA, INC., was filed 10/26/1995.



*Witness my hand and the official seal
of the Department of State at the City
of Albany, this 15th day of May
two thousand and nineteen.*

Whitney Clark

Whitney Clark
Deputy Secretary of State

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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