

F19000003158

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

correct name/suffix 7/9
W19-59050

Office Use Only



700330358517

06/10/13--01010 -000 ♦♦37.50

19 JUL - 2 PM 12:32

S. PRATEL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 24, 2019

DAVID KATZ
1080 MONTREAL AVENUE, STE 2
SAINT PAUL, MN 55116

SUBJECT: THE FRIENDS OF THE SAINT PAUL PUBLIC LIBRARY
Ref. Number: W19000059050

We have received your document for THE FRIENDS OF THE SAINT PAUL PUBLIC LIBRARY and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

On the alternate name line, place the name exactly how it is on the certificate of existence, along with a corporate suffix,

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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.

Brooke N Kinsey
Regulatory Specialist II

Letter Number: 519A00012677

RECEIVED

JUL 09 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Friends of the Saint Paul Public Library
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:

David Katz

Name of Person

The Friends of the Saint Paul Public Library

Firm/Company

1080 Montreal Avenue

Suite 2

Address

Saint Paul, MN, 55116

City/State and Zip Code

david@thefriends.org

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

For further information concerning this matter, please call:

David Katz

at (651)

366-6492

Name of Person

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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input checked="" type="checkbox"/> \$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 Friends of the Saint Paul Public Library Corporation

(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. Minnesota 3. 41-6029683
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 1945 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. 1080 Montreal Avenue, Suite 2, Saint Paul, MN, 55116
(Principal office street address)

(Current mailing address, if different)

8. Library Strategies, in-house consulting arm of FSPPL, conducts strategic planning, fundraising for libraries
(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: InCorp Services, Inc.
Office Address: 17888 67th Court North
Loxahatchee, Florida 33470
(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.



Kim Barajas on behalf of InCorp Services, Inc.

(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.

19 JUL 1991 PM 12:32

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: Jean O'Connell
☐ Vice Chairman Address: 1080 Montreal Ave., Ste. 2
☐ Director Saint Paul, MN, 55116
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Bridget Manahan
☐ Vice Chairman Address: 1080 Montreal Ave., Ste. 2
☐ Director Saint Paul, MN, 55116
☐ President _____
☐ Vice President _____
☐ Secretary ☒ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Heather Anfang
☒ Vice Chairman Address: 1080 Montreal Ave., Ste. 2
☐ Director Saint Paul, MN, 55116
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Beth Burns
☐ Vice Chairman Address: 1080 Montreal Ave., Ste. 2
☐ Director Saint Paul, MN, 55116
☒ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Elona Street-Stewart
☐ Vice Chairman Address: 1080 Montreal Ave., Ste. 2
☐ Director Saint Paul, MN, 55116
☐ President _____
☐ Vice President _____
☒ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Donna Allen
☐ Vice Chairman Address: 1080 Montreal Ave., Ste. 2
☒ Director Saint Paul, MN, 55116
☐ 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 Burns
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Beth Burns, President
(Typed or printed name and capacity of person signing application)

19

PH

12

32

PH

12

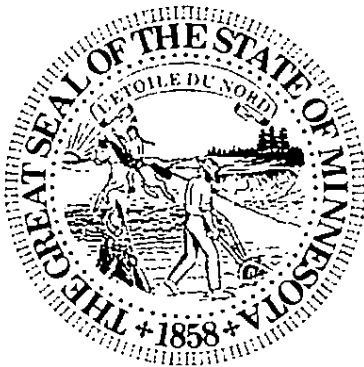
32

**Office of the Minnesota Secretary of State
Certificate of Good Standing**

I, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name:	The Friends of the Saint Paul Public Library
Date Filed:	09/07/1945
File Number:	4114-NP
Minnesota Statutes, Chapter:	317A
Home Jurisdiction:	Minnesota

This certificate has been issued on: 04/02/2019



A handwritten signature in black ink that reads "Steve Simon".

Steve Simon
Secretary of State
State of Minnesota