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(Requestor's Name) (Address)	500331554535
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(Business Entity Name) (Document Number) Certified Copies Certificates of Status	to the second
Special Instructions to Filing Officer:	FILED 2019 AUG-6 PH 4:22 IALLIANASSEE.FLORIDA
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FLORIDA DEPARTMENT OF STATE Division of Corporations

July 19, 2019

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ROD ZUCH 26 SEAFIELD LANE BAY SHORE, NY 11706

SUBJECT: THE MORGAN CENTER, INC. Ref. Number: W19000066225

We have received your document for THE MORGAN CENTER, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

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) 245-6051.

Yvette Scott Document Specialist II

Letter Number: 619A00014691

www.sunbiz.org

Division of Cornerations - P.O. BOX 6327 - Tallahassae Florida 32314

TO: Registration Section Division of Corporations

SUBJECT: THE MORGAN CENTER, INC.

Name of Corporation - must include suffix

20 St

Certified Copy

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:

Rod Zuch					IS AUG	;
N	lame	of Person		J	16 - 6	Ti
The Morgan Center, Inc.				יי ה י	7 ~~	
F	im	/Сотрапу		- ORIDA	PH 4: 22	5
26 Seafield Lane						
	4.	ddress				
Bay Shore, NY 11706						
City/S	State	and Zip Cod	e			
rod@themorgancenter.org						
E-mail address: (to be use	d foi	r future annua	al report notifica	tion)		
For further information concerning this matter	. ple	ase call:				
Rod (Gerard) Zuch	at	631 ()	748-5760			
Name of Person	_ "	Area Code	Daytime Tele	phone Nu	mber	
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			STREET/CO Registration Se Division of Co Clifton Buildir 2661 Executive Tallahassee, Fl	ection rporations 19 e Center C		
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPAR	тм	ENT OF STA	TE			
□ \$70.00 Filing Fee □\$78.75 Filing Fee Certificate of Sta			Filing Fee & ied Copy		50 Filing Fe ficate of Sta	

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APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 517, 1503, FLORIDA STATUTES, THE FOLLOBING IS SUBMITTED TO REGISTER & FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONFUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

THP MORGAN CUNTER, Inc.

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(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as well clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in like name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

THE MORGAN CENTER Florida, Inc.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2.	New York	3 43-1995070	SEC TALL	2019
4.	(State or country under the law of which it is incorporated) 01/20/2003	(FE) number, if applicable)	AHAS AHAS	AUG -
.,	(Date of Incorporation)	(Date of duration, if other than perpe		-6 -7
6.	(Date litst conducted silvers in Florabalf proc to registration. Se	v. st cuons 617,1301 & 617 1502, F.S., to determine		
7.	251 Royal Palm Way, Soite 215, Palm Bench, FL 33480 (Principal of	lice <u>street</u> address)	RICA	22

26 Scafield Lane, Bay Shore, NY 11796

(Current maining address, if different)

- 8. Pirovide young children undergoing treatment for curver the opportunity to interact and socialize in a positive environment (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 Ftorida registered agent: (P.O. Box NOT acceptable)

Name: Reyal Pairs May Office Address: 3 34 80 (Zin Code) Florida __

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.

Kannend K (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 Sceretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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

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A. DIRECTORS

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⊡Chaunan	Name: Joseph Frassetto	ClChairman	Name: Matthew Perliunghar
OVice Chamman	PO Box 89 Address	ElVice Chairman	Address: 794Whitebirch Lane
Director	Stony Brook, NY 11790	Directar	Wantagh, NY 11793
[]President		DPresident	·······
DVice President		DVice President	
ElSecretory	Glieasurer	Beciclary	Officewarder ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
SOther: Trustee	🖾 Other:	B Other	
- EChainttan	Name: Peggy Lee	DChairman	Name: Koland Iandahar
DVice Chairman	Address: 218-09-85th Avenue	CiVice Chairman	Address H Nagle Laber T
Dircent	Hollis Hills, NY 11427	EDirecto:	Commuck, NY 11725
[]President		EPresident	TE RIDA
⊡Vice President		☐Vice President	
DSecretary	Direasurer	□Secretary	C)Treasurer
Tinatee BOther	C) Other	Ciber	D Other:
□Cbairman	Kevin Lambert	DChainnan	Rod (Gerard) Zach Name
⊡Vice Chairman	Address: 103 S. Windsor Avenue	El Vice Chairman	Address:
Duector	Brightwaters, NY 11718	Direction	Bay Shore, NY 11706
DPresident		President	
□Vice President		DVice President	#*#+#****
Becordoo y	Cheasurer	OScensary	DTreasurer
BOther. Trustee		🛛 Other, 👘 📖	D Other,

NOTE: <u>Important Notice</u>. Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only.

Non-indexed quilt Aluals may be added to the index when filing your Florida Department of State Annual Report form. Rod Zuch/President (Typed or printed name and capacity of person signing application) 14

State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of THE MORGAN CENTER was filed on G1/21/2003, 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.



2019 AUG -6 PH 4: 22 --، س

WITNESS my hand and the official seal of the Department of State at the City of Albany, this 23rd day of July two thousand and nineteen.

Bruden C. Hughan

Brendan C Hughes Executive Deputy Secretary of State

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