FIGOOX	204138
(Requestor's Name)	300334135403
(Address) (City/State/Zip/Phone #)	
(Business Entity Name) (Document Number)	09/10/1901001004 **157.50 -
Special Instructions to Filing Officer:	2019 SEP - 9 AH II: 11 /9
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Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

U3/10/19--01001--004 ++157.50

DATE 9/9/2019

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WALK IN

ENTITY NAME THE JOAN SCHECHTMAN CHARITABLE FOUNDATION

DOCUMENT NUMBER___

	PLEASE FILE THE ATTACHED A	ND RETURN					
		2019					
	Plain Copy	SEP					
<u> </u>	Certified Copy	س ا					
<u>XXXX</u>	Certificate of Status						
		<u> </u>					
	**PLEASE OBTAIN THE FOLLOWING FOR	• -					
	Certified Copy of Arts & Amendments						
	Certificate of Good Standing						
	Cert. Copy of Restated Arts & Amends if available. If not provide Cert. Copy of Arts & Amends.						
COUNTRY OF DES NUMBER OF CERT	**APOSTILLE' / NOTARIAL CER TINATION TIFICATES REQUESTED	TTIFICATION**					

COVER LETTER

TO: Registration Section Division of Corporations

stable foundation. In. SUBJECT: Name of Corporation - must include suf

Dear Sir or Mudam:

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:

<u>Ellen Hurring</u> Name of Person

<u>H:11</u> UUTI 6- d3S 610 22/11/14 City/State and Zip Code <u>KE//EN/Avia Minar & Avianda - Cistica</u> E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Daytime Telephone Number at (Name of Person

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

□ \$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

AM 11:

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 Jean Schechtman Churitallo towned Tion 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. <u>New (mike Fall</u> 3. <u>73-4351568</u> (State or country under the law of which it is incorporated) (FEI number, if applicable)
4. <u>April 11 2019</u> (Date of Incorporation) 5. <u>Perfulcible</u> (Date of duration, if other than perpetual)
NOT VET CONDUCTER
6. NOT VET CONDUCTED (Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502. F.S. to determine penalty liability.)
7. 280 Rowred Hill Read Greenwich CT 06831
Suma
(Current mailing address, if different)
8. Exclusively Tor charitable, envitable, and and and scartific purposes, (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida).
9. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable) $\frac{1}{2} = 50(6)(2) \cdot (2) \cdot$
Name: <u>REllen Avellind</u> Rupple. Taske.
Office Address: 2150 Itis Isla Read I
<u>Calorn Brach</u> , Florida <u>3348(1</u> (City)
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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTOR	KS CLARK					
ElChairman	Name: Joan Scherhtman	□Chairman	Name:			
□Vice Chairman	Address: 1301 King Start	Uvice Chairman	Address:			
Director	Opt Jug	Director		<u> </u>		
President	Ry: Brick NY_	DPresident				
□Vice President		☐Vice President			···	
DSecretary	Kireasurer	Secretary		Treasurer		
()(her:	Other:	🗅 Other:		Other:		
□Chairman	Name: Edith M. Flinger	□Chairman	Name:			
□Vice Chairman	Address: 502 Worelland Hills Re		Address:			
Director	White Plaims Ny 10603	Director				
[]President	/ //	□President				
Sprice President		□Vice President				
DSecretary	Treasurer	Secretary		Treasurer		
DOther:	Other:	Other:		Other:	201	
	Name: Rosalus Ellen Avelling				9 SEP	
□Chairman			Name:		- <mark>-</mark> -	······································
DVice Chairman	Address 250 Tus Telo Kc	□Vice Chairman	Address:		AH	
Director	Palm Preast 71_	Director		<u> </u>	-5-	
DPresident	33480	□President				
Service President		OVice President				
Secretary		Secretary		Treasurer		
00ther: <u>HST</u>	Trefusion Other:	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 filling your Florida Department of State Annual Report form. 13. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) 14. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) 14. (Typed or printed name and capacity of person signing application)

State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of THE JOAN SCHECHTMAN CHARITABLE FOUNDATION INC. was filed on 04/11/2019, 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 06th day of September two thousand and nineteen.

Branden C. Hughen

Brendan C. Hughes Deputy Secretary of State

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