

(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:

Office Use Only



0003350598

09/26/19--01005--00

### Sunshine State Corporate Compliance Company

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

DATE 9/25/2019			
ENTITY NAME AM	ERICAN CONTRACT B	RIDGE LEAGUE EDUCATIONAL F	OUND
DOCUMENT NUME	RFR		
		HE ATTACHED AND RETURN**	
XXXX	Plain Copy Certified Copy Certificate of Status		
	**PLEASE OBTAIN THE I	FOLLOWING FOR THE ABOVE ENTITY**	·
	Certified Copy of Art Certificate of Good S		
	**APOSTILLE'/	NOTARIAL CERTIFICATION**	
COUNTRY OF DEST NUMBER OF CERTI	TINATION IFICATES REQUESTED		<del>-</del>
TOTAL OWED 75.	00	снеск # <sup>9936</sup>	
Please call Tina	at the above number for	any issues or concerns. Thank y	0a so m

September 27, 2019

**SUNSHINE** 

CORREC Please Allo Same File

Letter Number: 419A00020023

SUBJECT: AMERICAN CONTRACT BRIDGE LEAGUE EDUCATIONAL

**FOUNDATION** 

Ref. Number: W19000087388

We have received your document for AMERICAN CONTRACT BRIDGE LEAGUE EDUCATIONAL FOUNDATION and your check(s) totaling \$350.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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

www.sunbiz.org

## APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZ. CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTEL REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT IT. THE STATE OF FLORIDA:

		ague Educational Foundation			
(Name of corp import in lang in the name at	uage as will clearly present. "Compan	ade the word "INCORPOR y indicate that it is a corpor y" or "Co." may not be use	ATED" of ation instantial as a con	or "CORPORATION" or words or abbead of a natural person or partnership porate suffix by a nonprofit corporation	reviations if not so con.)
(If name upar	vailable in Florida,	, enter alternate corporate r	iame adoj	oted for the purpose of transacting bus	iness in Flo
(State or co	untry under the law	v of which it is incomposite	<sub></sub> 3	(FEI number, if applicable)	
4. 02/17/1987	and y under the law	vor which it is incorporate	u)	(FEI number, if applicable)	
4	Date of Incorpora	tion)	_ 5 <del></del>	(Date of duration, if other than	
	•	,		(Date of duration, it office than	регреплат
(Date first cond	ducted affairs in Flo	orida if prior to registration.	See section	ons 617.1501 & 617.1502, F.S., to deter	
		ake, MS 38637-1523		a division a division, i.u., to deter	піне репаіс
/·			a office	address)	
		(		444.035	
		(Current mail	ing addre	ss, if different)	<del></del>
<b>.</b>					
8. To promote th	ic game of bridge t	through education and com	petition	carried out in the state of Florida)	
(rurpose(s) of	corporation author	nzed in home state or coun	try to be	carried out in the state of Florida)	
9. Name and str	eet address of Fl	lorida registered agent: (	P.O. Box	( <u>NOT</u> acceptable)	
Name:	NRAI Services, I	nc.			
Office Address:	1200 South Pine	Island Road			
	Plantation		Fl	orida 33324 (Zip Code)	:
		(City)		(Zip Code)	
10 Dagiotavad	1 000-492 4				
Havine been na	l agent's accepta imed as registere	ed account and to	arvica ol	process for the above stated corp	
further agree to	comply with the	nevery accept the appo	mumeni oo voleti	process for the above stated corp as registered agent and agree to a ve to the proper and complete per position as registered agent.	oration at set in this formance
		Services, Inc.			
	By: 12	Leiha - Pau	l		
		(Registere	d agent's	signature) Natalie Leiba-Paul - Assistar	— at Secretrass
11 Attached in	n no-416 5			1 doi: 7/33/3(d)	n Decreudy

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this appute Department of State, by the Secretary of State or other official having custody of corporate records in t jurisdiction under the law of which it is incorporated.

#### 12. Names and addresses of officers and/or directors

#### A. DIRECTORS

Chairm	Ellen Anton	
Address	6575 Windchase Drive	
	Horn Lake, MS 38637	<del></del>
Vice Ch	Bryan Howard	
Address	6575 Windchase Drive	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Horn Lake, MS 38637	
Director	Mitch Dunitz	
Address	6575 Windchase Drive	
	Horn Lake, MS 38637	
Director	Flo Belford	
Address:	6575 Windchase Drive	
11001033.	Horn Lake, MS 38637	
B. OF	FICERS	
President	lost Kramor	
	6575 Windchase Drive	
•	Horn Lake, MS 38637	20   9 :
Vice Pres	Robert Todd	- <del>13</del>
	6575 Windchase Dr	<del>-2</del> -
_	Horn Lake, MS 38637	==
Secretary:	Jane Champion	=======================================
-	6575 Windchase Drive, Horn Lake, MS 38637	8
	Paul Cuneo	
Treasurer:	5575 Windchase Drive, Horn Lake, MS 38637	
Address:_		<del></del> _
NOTE: 1	If necessary, you may attach an addendum to the application listing additional officers and/or of the application listing additional officers and or of the application listing additional officers and other applications are officers and other applications.	
14,	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application	1)
17	(Typed or printed name and capacity of person signing application)	



#### Division of Business Se Department of Sta

State of Tennessee 312 Rosa L. Parks AVE, 6th Nashville, TN 37243-110

#### **AUDREY GIGLIO**

SUITE 800 211 COMMERCE ST.

NASHVILLE, TN 37201

Request Type: Certificate of Existence/Authorization

Request #:

0321998

Issuance Date: 07/08/201

Filing Fee:

Copies Requested:

Document Receipt

Receipt #: 004907520

Payment-Credit Card - State Payment Center - CC #: 3761563594

Regarding:

AMERICAN CONTRACT BRIDGE LEAGUE EDUCATIONAL FOUNDATION

Filing Type:

Nonprofit Corporation - Domestic

Control # :

184789

Formation/Qualification Date: 02/17/1987

02/17/198

J

Status:

Date Formed: Formation Locale: TENNES:

Duration Term:

Perpetual

Active

**Business County:** 

Inactive Date:

#### CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effect the issuance date noted above

#### AMERICAN CONTRACT BRIDGE LEAGUE EDUCATIONAL FOUNDATION

- \* is a Corporation duly incorporated under the law of this State with a date of incorporati duration as given above;
- \* has paid all fees, interest, taxes and penalties owed to this State (as reflected in the re the Secretary of State and the Department of Revenue) which affect the existence/authoral of the business;
- \* has filed the most recent annual report required with this office;
- \* has appointed a registered agent and registered office in this State;
- \* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissi not been filed.

Secretary of State

Processed By: Cert Web User

Verification #