F9000005678

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies:	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
(e) (4000) (1 () (274	

Office Use Only

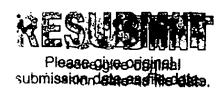


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FLORIDA DEPARTMENT OF STATE Division of Corporations

December 20, 2019

CSC

SUBJECT: ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC.

Ref. Number: W19000110274

We have received your document for ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

Tacarri K Glass Regulatory Specialist II

Letter Number: 219A00025916

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CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT	NT/		120000000195
ALLINI	INU	•	

REFERENCE: 099278 7861053

COST LIMIT : \$ 10.00

COST DIMIT . W LO.00

ORDER DATE: December 12, 2019

ORDER TIME : 2:41 PM

ORDER NO. : 099278-005

CUSTOMER NO: 7861053

FOREIGN FILINGS

NAME: ST. JUDE CHILDREN'S RESEARCH

HOSPITAL, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson -- EXT# 62980

EXAMINER:

0.5.7.61.36E

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Name of corporation	Research Hospital, INC.	
Name of corporation	- must include suffix	
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation for "Certificate of Existence," or "Certificate of Good Stan above referenced foreign corporation to transact busine	ding" and check are submitted to register the	
Please return all correspondence concerning this matter	to the following:	
Lakesa Joung Name of 1		
Name of I	Person	
St. Jude Children's	Research Hospital Inc	
Firm/Com	pany	
262 Danny Thon	19.5 Place, MS 280	
Addre	ss ~	
Hemphis TN	38105 25 27 27 28 28 28 28 28 28 28 28 28 28 28 28 28	
6 City/State ar	nd Zip code	
Firm/Com 262 Danny Thom Addre Hemphus TN City/State ar Caresa Using @ Stude E-mail address: (to be used for	<u>. (va</u>	
E-mail adgress: (to be dsed f	or future annual report notification)	
For further information concerning this matter, please call-		
	an. ຜູ	
Name of Person at (901 Area Code	, 595 3011 °°	
Name of Person Area Code	Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building 2661 Executive Center Circle	P.O. Box 6327	
Tallahassee, FL 32301	Tallahassee, FL 32314	
Enclosed is a check for the following amount:		
□ \$70.00 Filing Fee □ \$78.75 Filing Fee & □ Certificate of Status	\$78.75 Filing Fee & Sertified Copy Sertified Copy Certified Copy	

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT **BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. 1. St. Jude Children's Research Hospital, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION." "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) (State or country under the law of which it is incorporated)

(FEI number, if applicable) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) lhomas (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Corporation Service Company Name: 1201 Hays Street Office Address: Tallahassec (City) 9. 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.

> Kadesha Roberson Corporation Service Company
>
> By: Adesha + Asst. Vice President

10. 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.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Place_ Vice Chairman: _Hau lace nomas 38105 Director: _ Director: _ Address: _ **B. OFFICERS** Vice President: Address: _ Place NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or directed signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s,817.155, F.S. 13. James L.

(Typed or printed name and capacity of person signing application)

ALSAC BOARD OF DIRECTORS AND ST. JUDE BOARD OF GOVERNORS FY20

Voting Members:

- Aboussie, Joyce A.
- 2. Aguillard, Susan Mack, MD
- 3. Awdeh, Mahir R., MD
- 4. Ayoub, Joseph S. Jr.
- 5. Ayoub, Paul J.
- 6. Azar, Frederick M., MD
- 7. Barkate, James B.
- 8. Beard, Martha Perine
- 9. Bourisk, Sheryl A.
- 10. Breit, Robert A., MD
- 11. Burman, Terry L.
- 12. Danner, Ann M.
- 13. DeVivo, Joseph M.
- 14. Gattas, Fred P. III, PharmD
- 15. Gaviria, Ruth C.
- 16. George, Christopher B., MD
- 17. Habib, Judy A.
- 18. Haddad, Gabriel G., MD
- 19. Hajar, Paul K.
- 20. Hajjar, Charles C.
- 21. Hajjar, Fouad M., MD
- 22. Harris, Frederick R. Jr., MD
- 23. Hopkins, Bruce B.
- 24. Karam, J. David II
- 25. McCollam, Sharon L.
- 26. McCoy, Michael D.
- 27. Molinet, Robert T.
- 28. Nuwayhid, Ramzi N.
- 29. Penn, Thomas J. III
- 30. Rashid, Christina M.
- 31. Sarrouf, Camille F. Jr.
- 32. Shaker, Joseph C. 33. Shaker, Joseph G.
- 34. Simon, George A. II
- 35. Simon, Michael C.
- 36. Simon, Paul J.
- 36. Simon, Paul J. 37. Thomas, Tony
- 38. Unes, Richard M.
- 39. Wein, Paul H.
- 40. Windham-Bannister, Susan R.
- 41. Zaydon, Tama H.
- 42. Downing, James R., MD (Ex Officio)
- 43. Shadyac, Richard C. Jr. (Ex Officio

Emeritus Members:

- 1. Abraham, Thomas G.
- 2. Belz, Jack A.
- 3. Camer, Stephen J., MD
- 4. Cory, Joseph G.
- 5. Dale, Leslie S.
- 6. Elias, George Jr.
- 7. Elkhatib, Hasan M.
- 8. Gattas, Fred P. Jr.
- 9. Hamra, Sam F.
- 10. Harris, Frederick R.
- 11. Hazer, Theodore
- 12. Karam, Richard J.
- 13. Kinney, James A.
- 14. LeVan, Salli E.
- 15. Mack, Donald G., MD
- 16. Maloof, George M.
- 17. Marcus, Paul J.
- 18. Naifeh, James O.
- 19. Nimer, David B.
- 20. Othman, Talat M.
- 21. Saab, Manal B.22. Smith, Frederick W.
- 23. Terry, Ronald A.
- 24. Thomas, Terre
- 25. Tigrett, Pat Kerr
- 26. Wertz, Thomas C.
- 20. Wenz, Thomas C.
- 27. Younes, Robert P., MD
- 28. Younis, Ramzi T., MD

Chief Governance

Officer/Corporate Secretary:

Domitrovic, Leah J.

Administrative Manager:

Aucoin, Misty D.

Executive Assistant:

Johnson, Anita A.

Administrative Specialist:

Ballard, Kimberly A.

ALSAC Officers:

Habib, Judy A. (Chair)

Zaydon, Tama H. (Vice Chair)

Beard, Martha Perine (Secretary)

St. Jude Officers:

George, Christopher B. (Chair)

Ayoub, Paul J. (Vice Chair)

Aguillard, Susan Mack (Secretary)

National Committee Members:

- 1. Abraham, Salem A.
- 2. Gordon, Jason Thomas
- 3. Haddad, Emil D.
- 4. Haggar, Edmond R. Jr.
- 5. Kirschner, Dionne T.
- 5. Knacimer, Diolin
- Kupor, Scott A.
 Mansour, Albert J.
- 8. Miceli, Alexander P.
- 9. Mufarreh, Cynthia A.
- 10. Richards, Julie A.
- 11. Thomas, Kathryn L.
- 12. Vogel, Scott A.

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National Outreach Director:

Thomas, Marlo

ESA Representative:

Olson, Terri



Division of Business Services **Department of State**

State of Tennessee 312 Rosa L. Parks AVE, 6th FL Nashville, TN 37243-1102

SHARON WALLS

SHARON WALLS

251 LITTLE FALLS DRIVE WILMINGTON, DE 19808

Request Type: Certificate of Existence/Authorization

Request #:

0339866

Issuance Date: 11/22/2019

Copies Requested:

November 22, 2019

Document Receipt

Receipt #: 005119226

Payment-Credit Card - State Payment Center - CC #: 3770019322

Filing Fee:

\$20.00

\$20.00

Regarding:

ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC.

Filing Type:

Nonprofit Corporation - Domestic

Formation/Qualification Date: 07/18/1959

Status:

Active

Perpetual

Duration Term:

Business County: SHELBY COUNTY

Control #:

83284

Date Formed:

07/18/1959

Formation Locale: TENNESSEE

Inactive Date:

CERTIFICATE OF EXISTENCE

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

ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC.

- * is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;
- * has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization 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 dissolution has not been filed.

Secretary of State

Processed By: Cert Web User Verification #: 036501318