F20000000055

(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



900337309059

12/02/19--01012--002 **78.73

2019 DEC -2 F1; 3: 59

J 1/2/2

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJI	ECT: C19: The Society of Nineteenth-Cent Name of Corporation - must include suffix	ing American
Dear Si	ir or Madam:	
Affairs	closed "Application by Foreign Not for Profit Corporation for Authorization to Co in Florida", "Certificate of Existence", or "Certificate of Status" and check are sul the above referenced not for profit corporation to conduct its affairs in Florida.	
Please 1	return all correspondence concerning this matter to the following:	
	Pal Erickdon Name of Person	
	C/O C19 Firm/Company	
	Firm/Company	
	246 Orchad Hills Or	
	Ann A bor MT 48104 City/State and Zip Code	7019 DEC
	E-mail address: (to be used for future annual report notification)	-2 PH
For furt	ther information concerning this matter, please call:	
	Name of Person at (917) Name of Person at (917) Area Code Daytime Telephone N	umber
	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Tallahassee, FL 32301	าร
	ed is a check for the following amount: nake check payable to: FLORIDA DEPARTMENT OF STATE	
□ \$70	Certificate of Status Certified Copy Cer	7.50 Filing Fee, rtificate of Status & rtified 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: (Name of corporation: must include the world "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) (State or country under the law of which it is incorporated)

(FEI number, if applicable) May 12 2010 5. (Date of duration, if other than perpetual) (Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.) 4. Warces by MA Ul609
(Principal office street address) (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) _____, 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.

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.

Ablaca & Colon (Registered agent's signature)

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

A. DIRECTOR	A		
□Chairman	Name: Pan Errkin	□Chairman	Name: Meredith McCill
□Vice Chairman	Address: 245 Onhed Holly Q.	□Vice Chairman	Address: 36 Union St. Room 208
□Director	Ann Asker, MJ	□Director	Cleg Ave Cumpy
□President	4/104	□ President	Rudger University
□Vice President	·	□Vice President	New Brusserek, NT 08401
□Secretary	☑Treasurer	□Secretary	□Treasurer
□Other:	Other:	Other:	Other:
□Chairman	Name: Edlic Work	□Chairman	Name:
□Vice Chairman	Address: lend of Calib	□Vice Chairman	Address:
□Director	Univert Many land	□Director	
□President	2119 Janes Hall	□President	
Wice President	College Parks MD 20244	□Vice President	
□Secretary	□Treasurer	□Secretary	□Treasurer
□Other:	Other:	Other:	Other:
□Chairman	Name:	□Chai⊓nan	Name:
□Vice Chairman	Address:	□Vice Chairman	<u> </u>
□Director		□Director	2
□President		□President	PH
□Vice President		□Vice President	
□Secretary	□Treasurer	□Secretary	☐Treasurer
□Other:	Other:	Other:	Other:
NOTE: Importan Non-indexed indiv	(Signature of Chairman, Vice Chairman, or any off	Florida Department Cer listed in number	of State Annual Report form.

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

10/28/2019

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT.

C19: The Society of Nineteenth-Century Americanists

is duly registered as a Pennsylvania Non-Profit (Non Stock) under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.

OF THE CONTROL OF THE

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Acting Secretary of the Commonwealth

Certification Number: TSC191028090310-1

Verify this certificate online at http://www.corporations.pa.gov/orders/verify

INTERNAL REVENUE SERVICE P. O. BOX 2508 CINCINNATI, OH 45201

Date: F & D : 4 2013

C19 THE SOCIETY OF NINTEENTH-CENTURY AMERICANISTS C/O CHRISTOPHER J LOOBY 1920 N GRAMERCY PLACE LOS ANGELES, CA 90068-3615 Employer Identification Number:
45-2388665
DLN:
17053095337042
Contact Person:
CHITRA MAMLATDARNA ID# 52471
Contact Telephone Number:
(877) 829-5500

Accounting Period Ending:
December 31
Public Charity Status:
509(a)(2)
Form 990 Required:
Yes
Effective Date of Exemption:
May 19, 2010
Contribution Deductibility:
Yes
Addendum Applies:
No

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

naianer - 2 PH 3:

Letter 947 (DO/ਟ੍ਰੀ

Sincerely,

Holly O. Paz Director, Exempt Organizations

Rulings and Agreements

Enclosure: Publication 4221-PC

Letter 947 (DO/CG)