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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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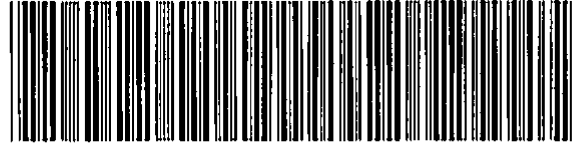
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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: American Friends of Jewish Hospitals and Education Centers of Brazil, Inc.

Name of Corporation – must include suffix

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:

Melissa Bryson

Name of Person

White & Case LLP

Firm/Company

1221 Avenue of the Americas

Address

New York, New York 10020

City/State and Zip Code

melissa.bryson@whitecase.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Melissa Bryson

212

819-7557

at ()

Name of Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

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TALLAHASSEE, FLORIDA

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**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. American Friends of Jewish Hospitals and Education Centers of Brazil, 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. Delaware 3. 83-0873324
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. September 13, 2016 5. _____
(Date of Incorporation) (Date of duration, if other than perpetual)

6. _____
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 20900 NE 30th Avenue, 8th Floor, Suite 844, Aventura, Florida 33180
(Principal office street address)

(Current mailing address, if different)

8. See addendum
(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)

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee

(City)

, Florida 32301

(Zip Code)

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TALLAHASSEE, 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.

Miranda Groom

(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. DIRECTORS

☐ Chairman Name: Flavio Hojda
☐ Vice Chairman Address: 19511 NE 16th Ct
☒ Director North Miami Beach, FL 33179
☒ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Claudio Luiz Lottenberg
☐ Vice Chairman Address: R. Armando Petrella
☒ Director 431-torre 3-ap. 26
☐ President Sao Paulo SP 05679-010
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Claudio Szajman
☐ Vice Chairman Address: 733 Park Avenue, Apt 24-25
☒ Director New York, New York 10021
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Luciano Lautenberg
☐ Vice Chairman Address: 20715 NE 32 Place
☒ Director Aventura, Florida 33180
☐ President _____
☐ Vice President _____
☒ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Yair Eshrubilsky
☐ Vice Chairman Address: 15303 SW 33rd Street
☒ Director Davie, Florida 33331
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Yael Marciano
☐ Vice Chairman Address: 4520 Foxhall Crescent NW
☒ Director Washington, DC 20007
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ 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 filing your Florida Department of State Annual Report form.

13. [Signature]
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Flavio Hojda, Director and President
(Typed or printed name and capacity of person signing application)

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

8. Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida.

The corporation's purpose is to promote collaborative initiatives to support societal development in Brazil through educational, vocational and research projects, especially in the areas of healthcare and education. The corporation's headquarters, which manages its multi-jurisdictional charitable activities, are located in Florida.

12. Use an attachment to report more than six (6) directors of American Friends of Jewish Hospitals and Education Centers of Brazil, Inc.

<u>Director Name</u>	<u>Address</u>
Sidney Klajner	R. Fernandes de Abreu, 130 – ap. 81 São Paulo SP 01451-914
Celso Lafer	Av. Brig. Faria Lima, 1306 – 10º andar São Paulo SP 01451-914
Patricia Ellen da Silva	Cond. Ville Belle Epoque Av. Diogines Ribeiro de Lima, 2361 Ed. PR – Apto 94 – Alto de Pinheiro 05458-001 São Paulo SP Brasil

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AMERICAN FRIENDS OF JEWISH HOSPITALS AND EDUCATION CENTERS OF BRAZIL, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTY-FIRST DAY OF MARCH, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CORPORATION IS AN EXEMPT CORPORATION.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AMERICAN FRIENDS OF JEWISH HOSPITALS AND EDUCATION CENTERS OF BRAZIL, INC." WAS INCORPORATED ON THE TWENTIETH DAY OF JUNE, A.D. 2016.

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DELAWARE



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SR# 20202489353

You may verify this certificate online at corp.delaware.gov/authver.shtml


Jeffrey W. Bullock, Secretary of State

Authentication: 202686898

Date: 03-31-20