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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

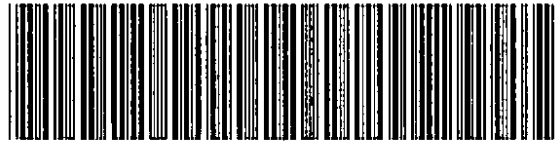
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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45
8/21/20

COPILEVITZ, LAM & RANEY

310 West 20th Street, Suite 300
Kansas City, MO 64108
816 472 9000
clrkc.com

July 31, 2020

VIA UNITED STATES MAIL

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

RE: Retired Police Canine Foundation, Inc.
Registration as a Foreign Not for Profit Corporation

Dear Sir or Madam:

On behalf of our client, Retired Police Canine Foundation, please find enclosed a Cover Letter, Application by Foreign Not for Profit Corporation for Authorization to Conduct Its Affairs in Florida, a Certificate of Status from the State of New York, and our firm check in the amount of \$78.75 representing the filing fee, letter of acknowledgment, and a certified copy.

Please contact the undersigned at ec@clrkc.com or 816-471-7592 if you have any questions. If I am unavailable, please contact my legal assistant, Julie Baswell, at 816-218-1350 or jbасwell@clrkc.com.

Thank you for your attention to this matter.

Yours very truly,



Errol Copilevitz
For the Firm

EC:jab

Enclosures

CC: Retired Police Canine Foundation

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Retired Police Canine Foundation, 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:

Tina Geraci

Name of Person

Retired Police Canine Foundation, Inc.

Firm/Company

7287 Crystal Spring Run

Address

Weeki Wachee, FL 34607

City/State and Zip Code

info@policek9help.com

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

For further information concerning this matter, please call:

Tina Geraci

315

307-7625

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

**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. Retired Police Canine Foundation, 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. New York 3. 45-4474058
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 10/07/2011 5. _____
(Date of Incorporation) (Date of duration, if other than perpetual)

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

7. 7287 Crystal Spring Run, Weeki Wachee, FL 34607
(Principal office street address)

Same
(Current mailing address, if different)

8. Care & support of retired police and military canines, assisting with veterinary bills, medical & general care.
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

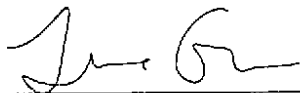
9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: Tina Geraci

Office Address: 7287 Crystal Spring Run
Weeki Wachee, Florida 34607
(City) (Zip Code)

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. DIRECTORS

☒ Chairman Name: Tina Geraci
☐ Vice Chairman Address: 7287 Crystal Spring Run
☒ Director Weeki Wachee, FL 34607
☒ President
☐ Vice President
☐ Secretary ☐ Treasurer
☐ Other: ☐ Other:

☐ Chairman Name: Richard Geraci
☐ Vice Chairman Address: 7287 Crystal Spring Run
☒ Director Weeki Wachee, FL 34607
☐ President
☐ Vice President
☐ Secretary ☐ Treasurer
☐ Other: ☐ Other:

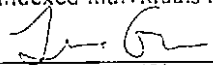
☐ Chairman Name: Michelle Benson
☐ Vice Chairman Address: 243 Floyd Road
☒ Director Shirley, NY 11967
☐ President
☐ Vice President
☐ Secretary ☐ Treasurer
☐ Other: ☐ Other:

☐ Chairman Name:
☐ Vice Chairman Address:
☐ Director
☐ President
☐ Vice President
☐ Secretary ☐ Treasurer
☐ Other: ☐ Other:

☐ Chairman Name:
☐ Vice Chairman Address:
☐ Director
☐ President
☐ Vice President
☐ Secretary ☐ Treasurer
☐ Other: ☐ Other:

☐ Chairman Name:
☐ Vice Chairman Address:
☐ Director
☐ 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 of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Tina Geraci, Chairman
(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 RETIRED POLICE CANINE FOUNDATION INC. was filed on 10/07/2011, 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.



2020 AUG -5 PM 3:14
DEPARTMENT OF STATE

*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 29th day of July two
thousand and twenty.*

Brendan C. Hughes

*Brendan C Hughes
Executive Deputy Secretary of State*