

F20000004276

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

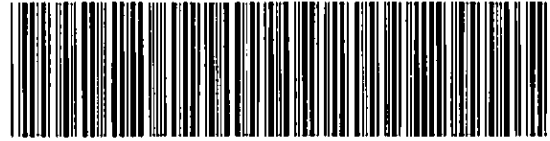
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W20000084844  
06540

Office Use Only



100348682151

10/02/20--01003--003    \*\*450.00

07/27/20--01058--009    \*\*87.50

RECEIVED

JUL 24 2020

2020S 20 PM 2:21

53f  
10/4/20

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Brittle Diabetes 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:

Emanuel V. Sorge  
Name of Person  
Brittle Diabetes Foundation Inc.  
Firm/Company  
1547 Waterford Drive  
Address  
Venice, FL 34292  
City/State and Zip Code  
SORGE@BDTYPE1.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Emanuel V. Sorge at (917) 355-3486  
Name of Person Area Code Daytime Telephone Number

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

2023  
23  
11:23:31

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. Brittle Diabetes 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. 45-5129592
(State or country under the law of which it is incorporated) (FEL number, if applicable)

4. 04-24-2012 5.
(Date of Incorporation) (Date of duration, if other than perpetual)

6. 2017
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 1547 Waterford Drive, Venice, FL 34292
(Principal office street address)

(Current mailing address, if different)

8. CREATE AWARENESS OF RAAG DISEASE - BRITTLE TYPE 1 DIABETES
(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: EMANUEL V. SORGE

Office Address: 1547 WATERFORD DRIVE
VENICE, Florida 34292
(City) (Zip Code)

2020 20 FEB 2:0

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.

Emanuel V. Sorge
(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: Emanuel V. Sorge  
 Vice Chairman Address: 1547 Waterford Drive  
 Director Venice, FL 34292  
 President \_\_\_\_\_  
 Vice President \_\_\_\_\_  
 Secretary  Treasurer  
 Other: \_\_\_\_\_  Other: \_\_\_\_\_

Chairman Name: VICTORIA SIEGEL  
 Vice Chairman Address: 2 HILARY DR,  
 Director BAYVILLE, NY 11709  
 President \_\_\_\_\_  
 Vice President \_\_\_\_\_  
 Secretary  Treasurer  
 Other: \_\_\_\_\_  Other: \_\_\_\_\_

Chairman Name: Anita Sorge  
 Vice Chairman Address: 1547 Waterford Drive  
 Director Venice, FL 34292  
 President \_\_\_\_\_  
 Vice President \_\_\_\_\_  
 Secretary  Treasurer  
 Other: \_\_\_\_\_  Other: \_\_\_\_\_

Chairman Name: TIMOTHY BROGAN  
 Vice Chairman Address: 1747 SILVERWOOD ST.  
 Director TARPOW SPRINGS FL 34689  
 President \_\_\_\_\_  
 Vice President \_\_\_\_\_  
 Secretary  Treasurer  
 Other: \_\_\_\_\_  Other: \_\_\_\_\_

Chairman Name: STUART HEFFER Esq.  
 Vice Chairman Address: 83-33 AUSTIN ST  
 Director KEW GARDENS, NY 11704  
 President APT. 1-0  
 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. Emanuel V. Sorge Ph.D.  
 (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. EMANUEL V. SORGE CHAIRMAN/PRESIDENT  
 (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 BRITTLE DIABETES FOUNDATION INC. was filed on 04/24/2012, 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.

I further certify that no other documents have been filed by such corporation.



2012 JUL 14 2:31

\*\*\*

*WITNESS my hand and the official seal  
of the Department of State at the City of  
Albany, this 14th day of July two  
thousand and twenty.*

*Brendan C. Hughes*

*Brendan C Hughes  
Executive Deputy Secretary of State*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 5, 2020

EMANUEL V SORGE  
1547 WATERFORD DRIVE  
VENICE, FL 34292 US

SUBJECT: BRITTLE DIABETES FOUNDATION INC.  
Ref. Number: W20000084844

We have received your document for BRITTLE DIABETES FOUNDATION INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$450.00.

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.

Sharon D Franklin  
Regulatory Specialist II

Letter Number: 520A00014626

**RECEIVED**  
SEP 28 2020