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COVER LETTER

TO:	Registration Section Division of Corporations	
CHRI	JECT: RYAN SMITH FOUNDATION	
3000	Name of Corporation – must include suffix	
Dear S	Sir or Madam:	
Affair	nclosed "Application by Foreign Not for Profit Corporation for Authorization to Conducts in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted the above referenced not for profit corporation to conduct its affairs in Florida.	
Please	e return all correspondence concerning this matter to the following:	
	ROBERT F PEPE	
	Name of Person	
	ROBERT F PEPE CPA	
	Firm/Company	
	731 RAYMERE AVENUE	۲.;
	Address	
	INTERLAKEN, NEW JERSEY 07712	
	City/State and Zip Code	:-
	bobpepe@aol.com	-
	E-mail address: (to be used for future annual report notification)	:: :
For fu	orther information concerning this matter, please call:	<u> </u>
ROBE	ERT F PEPE 732 610-1830	
	Name of Person at () Area Code Daytime Telephone Numbe	r
	Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of Corporations	
	P.O. Box 6327 The Centre of Tallahassee	
	Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
Please	sed is a check for the following amount: make check payable to: FLORIDA DEPARTMENT OF STATE 0.00 Filing Fee \$\Bigsquare \text{\$\sigma}\$\text{\$\sigma}\$78.75 Filing Fee & \$\Bigsquare \text{\$\sigma}\$\text{\$\sigma}\$87.50 Fil Certificate of Status Certified Copy Certified Certified	te of Status &

APPLICATION BY FOREIGN.NOT-FOR:PROFIT-CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLIOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

1. RYAN SMITH FOUNDATION	
(Name of corporation: must include the word " import in language as will clearly indicate that in the name at present. "Company" or "Co." ma	INCORPORATED" or "CORPORATION" or words or abbreviations of like it is a corporation instead of a natural person or partnership if not so contained ay not be used as a corporate suffix by a nonprofit corporation.)
RYAN SON ITH FOUNDATION	Cofforation e corporate name adopted for the purpose of transacting business in Florida)
(If name unavailable in Florida, enter alternate	e corporate name adopted for the purpose of transacting business in Florida)
DELAWARE	3 46-5002401
(State or country under the law of which it is $3/5/20/4$	3. 46-5002401 s incorporated) (FEI number, if applicable) 5. (Date of duration, if other than perpetual)
(Date of Incorporation)	(Date of duration, if other than perpetual)
6. UPON QUALIFICATION	
(Data first naminated affairs in Planta if Trianta	registration. See sections 617.1501 & 617.1502, F.S, to determine penalty liability
(Date that conducted arians in Piorida ii prior to	Together the period of the second of the sec
•	
7. 2538 ESCADA COURT NAPLES,FLORIDA	
•	. 34109
7. 2538 ESCADA COURT NAPLES,FLORIDA	(Principal office street address)
7. 2538 ESCADA COURT NAPLES,FLORIDA	. 34109
7. 2538 ESCADA COURT NAPLES,FLORIDA	(Principal office <u>street</u> address) Current mailing address, if different)
7. 2538 ESCADA COURT NAPLES,FLORIDA	(Principal office street address)
2538 ESCADA COURT NAPLES, FLORIDA (0 8. GRANT MAKING FOUNDATION (Purpose(s) of corporation authorized in home	(Principal office street address) Current mailing address, if different) state or country to be carried out in the state of Florida)
7. 2538 ESCADA COURT NAPLES, FLORIDA (G. 8. GRANT MAKING FOUNDATION (Purpose(s) of corporation authorized in home) (Purpose and street address of Florida register)	(Principal office <u>street</u> address) Current mailing address, if different) state or country to be carried out in the state of Florida) ered agent: (P.O. Box <u>NOT</u> acceptable)
7. 2538 ESCADA COURT NAPLES, FLORIDA (G. 8. GRANT MAKING FOUNDATION (Purpose(s) of corporation authorized in home) 9. Name and street address of Florida register.	(Principal office <u>street</u> address) Current mailing address, if different) state or country to be carried out in the state of Florida) ered agent: (P.O. Box <u>NOT</u> acceptable)
7. 2538 ESCADA COURT NAPLES,FLORIDA (0 8. GRANT MAKING FOUNDATION (Purpose(s) of corporation authorized in home 9. Name and street address of Florida registe Name: PATRICIA A RYAN 2538 ESCADA COURT	(Principal office <u>street</u> address) Current mailing address, if different) state or country to be carried out in the state of Florida) ered agent: (P.O. Box <u>NOT</u> acceptable)

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'ş∕lignature)

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)] totall: A. DIRECTORS PATRICIA A RYAN □Chairman ☐ Chairman Name: Address: 2538 ESCADA COURT □Vice Chairman ☐ Vice Chairman Address: NAPLES, FLORIDA 34109 □ Director □ Director President □ President □Vice President ☐ Vice President □Secretary □ Treasurer □ Secretary □Treasurer Other: ____ ☐ Other:_____ □Other:___ □Other:_ Name: BRIAN J SMITH □ Chairman □ Chairman Name: 2538 ESCADA COURT Address: ☐ Vice Chairman □ Vice Chairman Address: NAPLES, FLORIDA 34109 Director ☐ Director □President ☐ President □Vice President □Vice President ☐ Secretary Treasurer □ Secretary ☐ Treasurer Other: □Other:_____ Other:__ □Chairman Name: _____ Name: _____ □Chairman □Vice Chairman Address: ☐Vice Chairman Address: ☐ Director ☐ Director □President ☐ President □ Vice President □ Vice President □ Secretary □ Treasurer □ Secretary ☐ Treasurer

☐ Other:_____ Other:____ Other:_ NOTE: Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indeped individuals may be added to the index when filing your Florida Department of State Annual Report form. Patricia A KIM (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

PATRICIA A RYAN-PRESIDENT



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "RYAN SMITH FOUNDATION" 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 TWENTY-NINTH DAY OF DECEMBER, 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 SAID "RYAN SMITH FOUNDATION" WAS INCORPORATED ON THE FIFTH DAY OF MARCH, A.D. 2014.

Authentication: 204439732

Date: 12-29-20