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Division of Corporations

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From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I2000000195 Phone : (850)521-0821 Fax Number : (850)558-1515

**Enter the email address for this business entity to be used for future: annual report mailings. Enter only one email address please. **

Email Address:__

FOREIGN PROFIT/NONPROFIT CORPORATION

The SHANK2 Foundation

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June 23, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CORPORATION SERVICE COMPANY

SUBJECT: THE SHANK2 FOUNDATION

REF: W21000091235

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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Sharon D Franklin FAX Aud. #: H21000239462 Regulatory Specialist II Letter Number: 221A00014289



June 18, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CORPORATION SERVICE COMPANY

SUBJECT: THE SHANK2 FOUNDATION

REF: W21000089417

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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Sharon D Franklin Regulatory Specialist II

FAX Aud. #: H21000239462 Letter Number: 421A00013819

&

COVER LETTER

TO:	D: Registration Section Division of Corporations					
01.1D	ECT: The SHANK2 Foundation					
SUB	Name of Corporation – must include suffix					
Dear S	Sir or Madam:					
Affair	sclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to be the above referenced not for profit corporation to conduct its affairs in Florida.					
Please	return all correspondence concerning this matter to the following:					
	Polly Appei					
	Name of Person					
	The SHANK2 Foundation					
	Firm/Company					
	3505 Main Lodge Drive					
	Address					
	Miami, FL 33133					
	City/State and Zip Code					
	pollyappel@gmail.com					
	E-mail address: (to be used for future annual report notification)					
For fu	rther information concerning this matter, please call:					
Meri	Name of Person at (212) 728-8969 Name of Person Daytime Telephone Number					
	Name of Person Area Code Daytime Telephone Number					
	Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee					
	Tallahassee, FL 32314 Tallahassee, FL 32314 Tallahassee, FL 32303					
Please	sed is a check for the following amount: make check payable to. FLORIDA DEPARTMENT OF STATE 0.00 Filing Fee \$\Boxed{\subsetence S78.75}\$ Filing Fee \$\Boxed{\subseteq S78.75}\$ Filing Fee \$\Certificate of Status \$\Certificate Copy\$ Certificate of Status \$\Certificate Copy\$ 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:

Delaware (State or country under the law of which it is incorporated) March 1, 2021 (Date of Incorporation) (Date of duration, if other than perpetual) N/A (Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502. F.S. to determine penalty hab (Principal office street address) N/A (Current mailing address, if different) Nonprofit; establish a database of people carrying SHANK2 genetic variants for researchers/clinicians, raise awareness. (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)	Shank2 Four	ilable in Florida, enter alternate	e corporate name adopted	for the purpose of transacting b	usiness in Florida)
March 1, 2021 (Date of Incorporation) N/A (Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty hab 3505 Main Lodge Drive, Miami, FL 33133 (Principal office street address) N/A (Current mailing address, if different) Nonprofit; establish a database of people carrying SHANK2 genetic variants for researchers/clinicians, raise awareness. (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)	•				
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N/A (Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty hab 3505 Main Lodge Drive, Miami, FL 33133 (Principal office street address) N/A (Current mailing address, if different) Nonprofit; establish a database of people carrying SHANK2 genetic variants for researchers/clinicians, raise awareness. (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)	March 1, 2021		5		
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i ' (raise awareness.
Name and street address of Florida registered agent: (P.O. Box NOT acceptable)					raise awareness.
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ffice Address: 1201 Hays Street	Nonprofit; esta (Purpose(s) of o Name and <u>str</u> Name:	ablish a database of people carresorporation authorized in home eet address of Florida registe. Corporation Service Company	rying SHANK2 genetic vestate or country to be caered agent: (P.O. Box i	ariants for researchers/clinicians, rried out in the state of Florida) NOT acceptable)	i . (
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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. DIRECTOR	tS Name: Potty Appel	(IChairman	Name: Benjamin Hutz
☐Vice Chairman	3505 Main Lodge Drive	☐Vice Chairman	Address:
□Director	Miami, FL 33133	673.63.7	Imperial, MO 63052
≅ President		⊕President	
OVice President		Vice President	
E Secretary	El Treasurer	#Secretary	Treasurer
Other:	① Others	[]Other:	IIIOther:
□Chairman	Name:	□ Chairman	Name: F F F
□Vice Chairman	Address:	□Vice Chairman	Address:
□Director		Director	
□President		© President	
☐Vice President		□Vice President	
☐ Secretary	### Treasurer	Secretary	Treasurer
□Other:	□ Otheri	□Other:	□ Other
- Chairman	Name:	[]Chairman	Name:
⊟Vice Chairman		****** *** ***	Address:
□Director			
□President			
∰Vice President		□Vice President	
□ Secretary	Treasurer	☐ Scoretary	######################################
OOther:	Other:	Other:	□Other:
Non-indexed ind	nt Notice: Use an attachment to report more inviduals may be added to the index when fill (Signature of Chairman, Vice Chairman, or I, Director and President (Typed or printed name and capacit	ng your Flurida Department any officer listed in numbe	of State Annual Report form.

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "THE SHANK2 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 SEVENTEENTH DAY OF JUNE, A.D. 2021.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "THE SHANK2 FOUNDATION" WAS INCORPORATED ON THE FIRST DAY OF MARCH, A.D. 2021.



5237283 8300C SR# 20212481925



Authentication: 203474396

Date: 06-17-21