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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COGENCY GLOBAL, INC.

Account Number : I20000000088 Phone : (800)221-0102 Fax Number : (800)944-6607

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.* 3

Email Address:

FOREIGN PROFIT/NONPROFIT CORPORATION THOMAS L. KEMPNER, JR., FOUNDATION, INC.

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Certified Copy	1
Page Count	01
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Help

To:

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

REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

		a corporation instead of a natural person or partne t be used as a corporate suffix by a nonprofit corp	
(If name unava	illable in Florida, enter alternate corp	porate name adopted for the purpose of transactin	g business in Florida)
2. New York		3, 13-3407819	
(State or cou		3- 13-3407819 orporated) (FEI number, if applic	
4. March 26, 198	7	5. (Date of duration, if other	
J)	Date of Incorporation)	(Date of duration, if other	than perpetual)
6. upon filing			
(Date first cond	ucted affairs in Florida if prior to regis	stration. See sections 617.1501 & 617.1502, F.S. to	determine penalty liability.)
7 26 Hill Street?	#340, Southampton, New York 1196	58	20
(Principal office street address)		incipal office street address)	, eu
	(Curre	ent mailing address, if different)	
			-0
. To make grant	s in support of organizations workin	g in the fields of education, the environment and	the performing arts.
			1
(Purpose(s) of	corporation authorized in home state	or country to be carried out in the state of Florid	a)
		g in the fields of education, the environment and or country to be carried out in the state of Florid agent: (P.O. Box NOT acceptable)	a) 28
). Name and <u>str</u>	eet address of Florida registered a	agent: (P.O. Box NOT acceptable)	28
). Name and <u>str</u>	eet address of Florida registered a	agent: (P.O. Box NOT acceptable)	28
). Name and <u>str</u>	cet address of Florida registered a Cogency Global Inc. 115 N. Calhoun Street, Suite 4	agent: (P.O. Box <u>NOT</u> acceptable)	
). Name and <u>str</u>	cet address of Florida registered a Cogency Global Inc. 115 N. Calhoun Street, Suite 4	agent: (P.O. Box NOT acceptable)	
Name and <u>str</u> Name: Office Address: 10. Registered Having been na lesignated in th	Cogency Global Inc. 115 N. Calhoun Street, Suite 4 Tallahassee (City) Lagent's acceptance: timed as registered agent and to a ris application, I hereby accept the comply with the provisions of acceptance of	agent: (P.O. Box <u>NOT</u> acceptable)	l corporation at the place
9. Name and <u>str</u> Name: Office Address: 10. Registered Having been na lesignated in th	Cogency Global Inc. 115 N. Calhoun Street, Suite 4 Tallahassee (City) Lagent's acceptance: simed as registered agent and to a six application, I hereby accept the comply with the provisions of accept the obligation.	agent: (P.O. Box <u>NOT</u> acceptable) , Florida \frac{32301}{(Zip Code)} accept service of process for the above stated he appointment as registered agent and agreal statutes relative to the proper and complete	l corporation at the place
9. Name and <u>str</u> Name: Office Address: 10. Registered Having been na designated in th	Cogency Global Inc. 115 N. Calhoun Street, Suite 4 Tallahassee (City) Lagent's acceptance: imed as registered agent and to a ris application, I hereby accept the comply with the provisions of a far with and accept the obligation.	Agent: (P.O. Box NOT acceptable) , Florida , Florida , Cip Code) accept service of process for the above stated he appointment as registered agent and agrell statutes relative to the proper and completens of my position as registered agent.	l corporation at the place

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.

From: Jacqueline Almeida Fax: 18002210102

To:

Fax: (850) 617-6383

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07/21/2021 5:14 PM

12. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors (up to six (6) total]:

A. DIRECTOR	Thomas I Kempner Ir	□Chairman	Kath	eryn C. Patterson			
□ Vice Chairman	Name: 26 Hill Street #340	□Vice Chairman	Address: 26 Hill Street #340				
□ Vice Chairman	Southampton, New York 11968	■ Director	Southampton, New York 11968				
President		□ President		 			
		■ Vice President		•••			
☐ Secretary Transverse	☐ Treasurer	■Secretary	□Treasurer				
Other:	☐ Other:	□Other:		□Other:			
□Chairman □Vice Chairman ■Director	Name: Trevor Kempner 26 Hill Street #340 Address: Southampton, New York 11968	□Chairman □Vice Chairman ■Director	Address: 26 F	nas N. Kempner Hill Street #340 , New York 11968			
□President		□President					
□ Vice President		□Vice President		202			
□ Secretary	□Treasurer	Secretary		☐Treasure/E	(H		
Other: Asst. Sec	retary Other:	■Other: Asst, Tre	asurer	Other: 2	10 EF 10 EF		
□ Chairman □ Vice Chairman □ Director	Name: Jessica Sargent Kempner 26 Hill Street #340 Address: Southampton, New York 11968	□Chairman □Vice Chairman □Director		PM 5: 28)		
□President		□President					
□ Vice President	***	□Vice President					
□Secretary	□Treasurer	□Secretary		Treasurer			
□Other:	☐ 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-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. Thomas L. Kempner, Jr President and Treasurer (Typed or printed name and capacity of person signing application)							

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I. ROSSANA ROSADO, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name:

THOMAS L. KEMPNER, JR., FOUNDATION, INC.

DOS ID Number:

1156619

Entity Type:

DOMESTIC NOT-FOR-PROFIT CORPORATION

Entity Status:

EXISTING

Date of Initial Filing with DOS:

03/26/1987

No information is available from this office regarding the financial condition, business activity or practices of this critity.

WITNESS my hand and official seal of the Department of State, at the City of Albany, on July 21, 2021 at 02:32 P.M.

Brandon C Hughan

ROSSANA ROSADO, Secretary of State

OF NEW DESTRUCTION OF NEW DESTRU

By Brendan C. Hughes

Executive Deputy Secretary of State