

F 22000002044

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

(Business Entity Name)

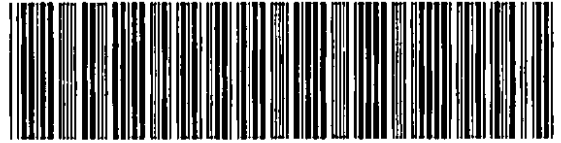
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S. FRANKLIN
APR 06 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Memorial Sloan-Kettering Cancer Center, 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:

Jennifer Goad
Name of Person

Labyrinth, Inc.
Firm/Company

1395 Piccard Drive, Suite 180
Address

Rockville, MD 20850
City/State and Zip Code

jenny@labyrinthinc.com
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Jennifer Goad at (240) 614-7611
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. Memorial Sloan-Kettering Cancer Center, 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. 91-2154267
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 4/13/1960 5. Perpetual
(Date of Incorporation) (Date of duration, if other than perpetual)

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

7. 1275 York Avenue, New York, NY 10065
(Principal office street address)

885 Second Avenue, 8th Floor, New York, NY 10017
(Current mailing address, if different)

8. Memorial Sloan-Kettering Cancer Center was organized for the purpose of providing leadership in the prevention, diagnosis, treatment, and cure of cancer and associated diseases.
(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: Northwest Registered Agent Llc

Office Address: 7901 4th Street North, Suite 300

St. Petersburg, Florida 33702
(City) (Zip Code)

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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.

Tom Glover

(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: Dr. Craig B. Thompson
☐ Vice Chairman Address: _____
☐ Director 1275 York Avenue
☒ President New York, NY 10065
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Michael P. Harrington
☐ Vice Chairman Address: _____
☐ Director 1275 York Avenue
☐ President New York, NY 10065
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other: Executive Vice President and CFO ☐ Other: _____

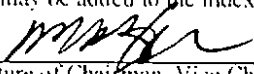
☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Kenneth Manotti
☐ Vice Chairman Address: _____
☐ Director 1275 York Avenue
☐ President New York, NY 10065
☒ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Carolyn B. Levine
☐ Vice Chairman Address: _____
☐ Director 1275 York Avenue
☐ President New York, NY 10065
☐ Vice President _____
☒ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Kathryn Martin
☐ Vice Chairman Address: _____
☐ Director 1275 York Avenue
☐ President New York, NY 10065
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other: Chief Operating Officer ☐ 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. Michael P. Harrington, Executive Vice President and Chief Financial Officer
(Typed or printed name and capacity of person signing application)

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROBERT J. RODRIGUEZ, Acting 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:	MEMORIAL SLOAN-KETTERING CANCER CENTER
DOS ID Number:	128010
Entity Type:	DOMESTIC NOT-FOR-PROFIT CORPORATION
Entity Status:	EXISTING
Date of Initial Filing with DOS:	04/13/1960

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

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WITNESS my hand and official seal of the Department of State,
at the City of Albany, on January 04, 2022 at 03:12 P.M.

ROBERT J. RODRIGUEZ, Acting Secretary of State



Brendan C. Hughes

By Brendan C. Hughes
Executive Deputy Secretary of State

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Division of Corporation's Document Authentication Website at <http://ecorp.dos.ny.gov>



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 20, 2022

JENNIFER GOAD
1395 PICCARD DRIVE STE 180
ROCKVILLE, MD 20850 US

SUBJECT: MEMORIAL SLOAN-KETTERING CANCER CENTER, INC.
Ref. Number: W22000036420

We have received your document for MEMORIAL SLOAN-KETTERING CANCER CENTER, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list the names and street addresses of the officers and directors of the corporation on the form/application.

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: 322A00006559

RECEIVED
APR 04 2022