

F22000003101

(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:

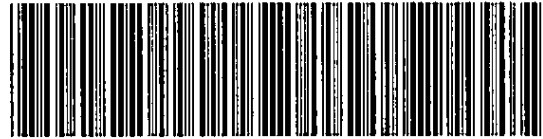
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APPROVED
AND
FILED
2022 MAY 18 AM 8:00
FBI - NEW YORK

S. HAWKES
MAR - 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A Breath of Hope Lung Foundation
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:

Nancy Torrison

Name of Person

A Breath of Hope Lung Foundation

Firm/Company

PO Box 387

Address

Wayzata, MN 55391

City/State and Zip Code

nancy@abreathofhope.org

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nancy Torrison

Name of Person

952
at ()
Area Code

405-9201

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. A Breath of Hope Lung Foundation, Incorporated
(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. Minnesota 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. _____ 5. _____
(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. 801 Twelve Oaks Center Drive Suite 810 Wayzata, MN 55391
(Principal office street address)

PO Box 387 Wayzata, MN 55391

(Current mailing address, if different)

8. Support families, patients, fund research and increase awareness
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida) for lung cancer.

9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: Juan Montoya

Office Address: 2125 SW 1st Ave

Cape Coral

(City)

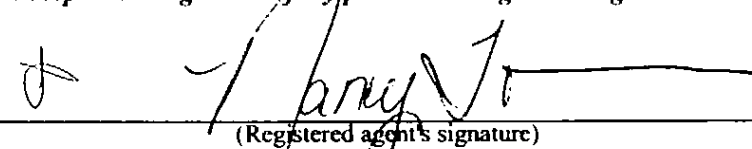
Florida 33991

(Zip Code)

APPROVED
AND
FILED
MAY 18 AM 8:00

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'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: Teri Kast
☐ Vice Chairman Address: 10815 140th St. N
☐ Director Hugo, MN 55038
☐ President _____
☐ Vice President _____
☒ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Sue Huff
☐ Vice Chairman Address: 4214 Alden Drive
☐ Director Edina, MN 55416
☐ President _____
☐ Vice President _____
☐ Secretary ☒ Treasurer
☐ Other: _____ ☐ Other: _____

☒ Chairman Name: Randy Hertog
☐ Vice Chairman Address: 2512 Tournament Players Cir N
☐ Director Blaine, MN 55449
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Gary Brausen
☒ Vice Chairman Address: 8727 Wood Cliff Cir S
☐ Director Bloomington, MN 55438
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Nancy Torrison
☐ Vice Chairman Address: 25156 Big View Road
☐ Director Garrison, MN 56450
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☒ Other: Executive Director

☐ 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. [Signature]
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

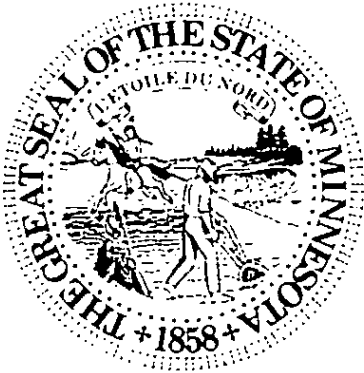
14. Nancy Torrison
(Typed or printed name and capacity of person signing application)

**Office of the Minnesota Secretary of State
Certificate of Good Standing**

I, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name:	A Breath of Hope Lung Foundation
Date Filed:	03/27/2008
File Number:	2759393-2
Minnesota Statutes, Chapter:	317A
Home Jurisdiction:	Minnesota

This certificate has been issued on: 03/11/2022



A handwritten signature in cursive script that reads "Steve Simon".

Steve Simon
Secretary of State
State of Minnesota