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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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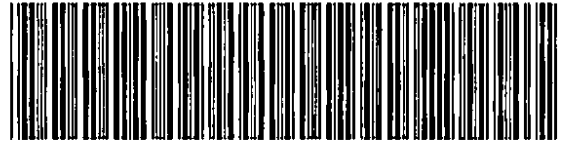
(Business Entity Name)

(Document Number)

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APPROVED  
AND  
FILED  
2022 AUG -9 AM 11:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AUG 25 2022  
K Brumbley

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** IPTI - RESEARCH ORGANIZATION FOR TECHNOLOGY AND INNOVATION 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:

MICHEL DE AMORIM

Name of Person

Drummond Consulting LLC

Firm/Company

601 Brickell Key Drive, Suite 901

Address

MIAMI, FLORIDA 33131

City/State and Zip Code

compliance@drummondadvisors.com

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

For further information concerning this matter, please call:

ANDRÉ RETTUR

Name of Person

at ( 617 ) 939-0218 EXT 179  
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. IPTI - RESEARCH ORGANIZATION FOR TECHNOLOGY AND INNOVATION 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. 83-1258134  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 07/13/2018 5. perpetual  
(Date of Incorporation) (Date of duration, if other than perpetual)

6. the non profit corporation does not yet conduct business in Florida  
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 50 RIVERSIDE VLVD, #188, NEW YORK, NY, UNITED STATES, 10069  
(Principal office street address)

18501 Collins Avenue suite 1803, Sunny Isles Beach - FL, 33160  
(Current mailing address, if different)

8. Any and all lawful business involving non-profit events  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

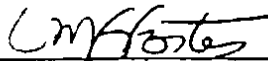
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Lara Rolim Fontes

Office Address: 18501 Collins Avenue suite 1803  
Sunny Isles Beach, Florida 33160  
(City) (Zip Code)

**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.

2022 AUG - 9 AM 11:59  
SECRETARY OF STATE  
TALLAHASSEE, FL 06400

APPROVED  
AND  
FILED

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

**A. DIRECTORS**

<input type="checkbox"/> Chairman	Name: <u>Ricardo Rotim Fernandes Fontes</u>	<input type="checkbox"/> Chairman	Name: <u>Sonia Esteves</u>
<input type="checkbox"/> Vice Chairman	Address: <u>18501 Collins Avenue suite 1803.</u>	<input type="checkbox"/> Vice Chairman	Address: <u>301 Caribbean rd.</u>
<input checked="" type="checkbox"/> Director	<u>Sunny Isles Beach - FL, 33160</u>	<input checked="" type="checkbox"/> Director	<u>Key Biscayne, FL 33149</u>
<input type="checkbox"/> President	_____	<input type="checkbox"/> President	_____
<input type="checkbox"/> Vice President	_____	<input type="checkbox"/> Vice President	_____
<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer	<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Chairman	Name: <u>Theodore Marshall Helms</u>	<input type="checkbox"/> Chairman	Name: <u>Paul McGloin</u>
<input type="checkbox"/> Vice Chairman	Address: <u>20 Oakshade Avenue</u>	<input type="checkbox"/> Vice Chairman	Address: <u>1520 St. Louis Street</u>
<input checked="" type="checkbox"/> Director	<u>Darien, CT 06820</u>	<input checked="" type="checkbox"/> Director	<u>Gonzales, TX 78629</u>
<input type="checkbox"/> President	_____	<input type="checkbox"/> President	_____
<input type="checkbox"/> Vice President	_____	<input type="checkbox"/> Vice President	_____
<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer	<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Chairman	Name: <u>Jon Law</u>	<input type="checkbox"/> Chairman	Name: <u>Jeanmarie Kricher</u>
<input type="checkbox"/> Vice Chairman	Address: <u>2101 South Flagler Dr</u>	<input type="checkbox"/> Vice Chairman	Address: <u>355 South End Av #11P</u>
<input checked="" type="checkbox"/> Director	<u>West Palm Beach - FL - 33401</u>	<input checked="" type="checkbox"/> Director	<u>New York, NY 10280</u>
<input type="checkbox"/> President	_____	<input type="checkbox"/> President	_____
<input type="checkbox"/> Vice President	_____	<input type="checkbox"/> Vice President	_____
<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer	<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> 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. Sonia P. Esteves  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)  
Sonia Esteves - Director
14. \_\_\_\_\_  
(Typed or printed name and capacity of person signing application)

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROBERT J. RODRIGUEZ, 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:	IPTI - RESEARCH ORGANIZATION FOR TECHNOLOGY AND INNOVATION I NC.
DOS ID Number:	5375221
Entity Type:	DOMESTIC NOT-FOR-PROFIT CORPORATION
Entity Status:	EXISTING
Date of Initial Filing with DOS:	07/13/2018

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



WITNESS my hand and official seal of the Department of State,  
at the City of Albany, on May 19, 2022 at 10:29 A.M.

ROBERT J. RODRIGUEZ, 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>