

F22100005874

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entry Name)

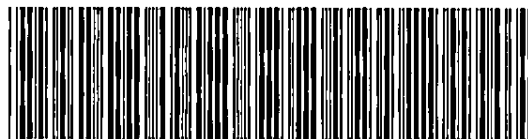
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100394371311

2022 SEP 12 PM 10:02

RECEIVED

2022 SEP 12 PM 3:39

SEP 12 1 04 PM '22

S. FRANKLIN

SEP 20 2022

W22-115753

89



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 13, 2022

CSC

**RESUBMIT**  
Please give original  
submission date as file date.  
9/12/22

SUBJECT: CHECKIT4ANDRETTI CHARITABLE FOUNDATION, INC.  
Ref. Number: W22000115753

We have received your document for CHECKIT4ANDRETTI CHARITABLE FOUNDATION, INC. . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$561.25.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

STANTON H ROBERTS  
Regulatory Specialist II

Letter Number: 922A00020296

2022 SEP 19 AM 11:17  
DIVISION OF CORPORATIONS  
FLORIDA

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 947485 8123397

AUTHORIZATION

*Eylien Baker*

COST LIMIT : \$700.00

ORDER DATE : September 11, 2022

ORDER TIME : 1:38 PM

ORDER NO. : 947485-005

CUSTOMER NO: 8123397

FOREIGN FILINGS

NAME: CHECKIT4ANDRETTI CHARITABLE  
FOUNDATION, INC

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX \_\_\_\_\_ CERTIFIED COPY  
\_\_\_\_\_ PLAIN STAMPED COPY  
XX \_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: \_\_\_\_\_

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CheckIt4Andretti Charitable Foundation, 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:

Carolyn H. Andretti

\_\_\_\_\_  
Name of Person

Densbom Blachly, LLP

\_\_\_\_\_  
Firm/Company

500 East 96th Street, Suite 100

\_\_\_\_\_  
Address

Indianapolis, IN 46240

\_\_\_\_\_  
City/State and Zip Code

candretti@dblaw.com

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

For further information concerning this matter, please call:

Carolyn H. Andretti

at ( 317 )

669-1041

\_\_\_\_\_  
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 &    ☐ \$78.75 Filing Fee &    ☒ \$87.50 Filing Fee,

2022 12 13 10:02

**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. CheckIt4Andretti Charitable Foundation, 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. Indiana 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. June 12, 2020 5. \_\_\_\_\_  
(Date of Incorporation) (Date of duration, if other than perpetual)

6. March 2021  
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 5836 Monticello Square Lane, Indianapolis, IN 46234  
(Principal office street address)

P.O. Box 724, Davidson, NC 28036  
(Current mailing address, if different)

8. (See Attached Exhibit A)  
(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: Corporation Service Company

Office Address: 1201 Hays Street  
Tallahassee, Florida 32301  
(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.*

  
Assistant Vice President

\_\_\_\_\_  
(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

2022 JUN 12 PM 10:12

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: Jean-Francois Thormann  
☐ Vice Chairman Address: 503 Wexford Court  
☒ Director Noblesville, IN 46062  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: Nancy Andretti  
☐ Vice Chairman Address: 107 Keats Road  
☒ Director Mooresville, NC 28117  
☒ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: Carolyn H. Andretti (Molander)  
☐ Vice Chairman Address: 8450 North Park Avenue  
☐ Director Indianapolis, IN 46240  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☒ Secretary ☒ Treasurer  
☒ Other: General Counsel ☐ Other: \_\_\_\_\_

☐ Chairman Name: David M. Tilton  
☒ Vice Chairman Address: 18692 Riverlook Ct.  
☒ Director Leesburg, VA 20176  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: Edison Hamann  
☐ Vice Chairman Address: 5136 Belleville Avenue  
☒ Director Belle Isle, FL 32812  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: Marcella Schwalbe, M.D.  
☐ Vice Chairman Address: 116 Union Street North  
☒ Director Concord, NC 28025  
☐ 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 Andretti, President  
(Typed or printed name and capacity of person signing application)

Exhibit A

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

8. The Corporation is organized and operated exclusively to conduct, support, encourage, and assist such charitable, educational, scientific and other programs and projects as are described in Sections 170(c)(2)(B), 501(c)(3), 2055(a)(2), and 2522(a)(2) of the Internal Revenue Code of 1986, as amended (the "Code"), or corresponding provisions of any subsequent Federal tax laws. The Corporation strives, among other things, to increase awareness of the importance of screenings in the prevention and early detection of colorectal cancer, and provide funding to high risk, low income patients who are uninsured or too young for insurance to cover the cost of screening. In furtherance of the aforesaid purposes, the Corporation is organized to transact any and all lawful business for which corporations may be incorporated under the Act, provided such business is not inconsistent with the Corporation being organized and operated exclusively for charitable purposes.

12A. DIRECTORS

Stylianos Manousos  
767 Canopy Estates Drive  
Winter Garden, FL 34787

Jeffrey E. Stoops  
3808 Claybrook Court  
Bargersville, IN 46106

Jarett Andretti  
5836 Monticello Square Lane  
Indianapolis, IN 46234

Olivia Andretti, M.D.  
1835 Arch Street, Suite 206  
Philadelphia, PA 19103

Amelia Andretti  
107 Keats Road  
Mooresville, NC 28117

2022-12-12 PM 10:02

**State of Indiana**  
**Office of the Secretary of State**

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, HOLLI SULLIVAN, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

**CHECKIT4ANDRETTI CHARITABLE FOUNDATION, INC**

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on June 12, 2020, and was in existence or authorized to transact business in the State of Indiana on September 07, 2022.

I further certify this Domestic Nonprofit Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, September 07, 2022

HOLLI SULLIVAN  
SECRETARY OF STATE

202006121397905 / 20222761901

All certificates should be validated here: <https://bsd.sos.in.gov/ValidateCertificate>.

Expires on October 07, 2022.