Fadmon 154

(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:				
Office Use Only				



10/31/22--01016--005 +679.75



T. LEPTIEUX

I SUBJE	Registration Section Division of Corporations	OVER LETTER				
I SUBJE(Division of Corporations					
	CT:	oundation, Inc.				
	Name of	Corporation – must include suffix				
Dear Sir	or Madam:					
Affairs ii	n Florida", "Certificate of Existen	t for Profit Corporation for Authorization to Conduct its ce", or "Certificate of Status" and check are submitted to t corporation to conduct its affairs in Florida.				
Please re	turn all correspondence concernit	ng this matter to the following:				
	David J Davidson					
		Name of Person				
	Florida Healthcare Law Firm	ı				
		Firm/Company				
	1 - 1 - 1117 1 - A					
	151 NW 1st Avenue					
		Address				
	Delray Beach, FL 33444					
	С	ity/State and Zip Code				
	dave@floridahealthcarelawfi	m.com				
	-	used for future annual report notification)				
Can forth						
roriurui	er information concerning this ma	nier, prease can.				
David J. Davidson		561 455-7700				
	Name of Person	at () Area Code Daytime Telephone Number				
7	Mailing Address:	Street Address:				
I	Registration Section	Registration Section				
Division of Corporations		Division of Corporations				
	P.O. Box 6327 Tallahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810				
	ranana5500, 1 U 52514	Tallahassee, FL 32303				

Certificate of Status

Certified Copy

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:

International Brain Research 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.)

New York	York 3. 86-1136864						
(State or cou	tate or country under the law of which it is incorporated) (FEI number, if applicable)						
April 29, 2005		5.					
4. April 29, 2005 5 (Date of Incorporation) 5 (Date of duration, if other					al)		
N/A							
(Date first cond	ucted affairs in Florida if prior to registra	tion. See sections	617.1501 & 617.1502, F.S	5, to determine pe	naliy liabili		
5130 Linton B	lvd., Suite H 3&4, Delray Beach, FL 3.	3484					
		cipal office stree	(address)				
<u>-</u>	//\u//\u	mailing address.	(Fillingant)				
	Current	maning address.	, ii different)				
Scientific brai	and nouro onion recorreb						
Scientific brain (Purpose(s) of	n and neurological research	country to be ca	erried out in the state of Fi		۰		
Scientific brain (Purpose(s) of	n and neurological research corporation authorized in home state or	country to be ca	urried out in the state of FA	arida) 22	<u> </u>		
(Purpose(s) of	n and neurological research corporation authorized in home state or eet address of Florida registered age			arida) 2022 OC	<u> </u>		
(Purpose(s) of	corporation authorized in home state or			afida) 2023 OCT 3			
(Purpose(s) of	corporation authorized in home state or			122 OCT 31			
(Purpose(s) of Name and <u>str</u> Name:	corporation authorized in home state or eet address of Florida registered age David J Davidson			122 OCT 31 P			
(Purpose(s) of 0. Name and <u>str</u> Name:	corporation authorized in home state or eet address of Florida registered age	ent: (P.O. Box <u>]</u>		20122 OCT 31 PH 2: 16	- ILLU		

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.

egistered 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

· ·

EChairman	Philip DeFina Name:	Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
Director	Delray Beach, FL 33444	Director		
President		President		
□Vice President		□Vice President		
Secretary	Treasurer	Secretary	Treasurer	
DOther:	Other:	Dother:	Other:	
□Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
Director		Director		
□President		□President		
□Vice President		□Vice President		
Secretary	Treasurer	□Secretary	Treasurer	
□Other:	Other:	Other:	Other:	
□Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
Director		Director		
President		President		
□Vice President		□Vice President		
□Secretary	Treasurer	Secretary	□Treasurer	
□Other:	Other:	Other:	Other:	
NOTE: Importan	<u>A Notice:</u> Use an attachment to report more than s viduals may be added to the index when filing you be added to the index when filing you (Signature of Chairman, Vice Chairman, or any o	ix (6). The attachment o ur Florida Department e	will be imaged for reporting purposes only. of State Annual Report form.	

Philip DeFina, Chairman

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

1, 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: DOS ID Number: Entity Type: Entity Status: Date of Initial Filing with DOS: INTERNATIONAL BRAIN RESEARCH FOUNDATION, INC. 3198477 DOMESTIC NOT-FOR-PROFIT CORPORATION EXISTING 04/29/2005

No information is available from this office regarding the tinancial 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 October 20, 2022 at 08:57 A.M.

ROBERT J. RODRIGUEZ, Secretary of State

Brandon C. Hughan

By Brendan C. Hughes Executive Deputy Secretary of State

Authentication Number: 100002369315 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at <u>http://ecorp.dos.ny.gov</u>