

F23000000801

(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



400398936524

12/19/22--01034--004 **70.00

FILED
2023 FEB -1 AM 10:02
FEB 10 2023

FILED
FEB 11 2023

W23
1165

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Share Institute, Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Q Adams

Name of Person

Beldock Levine & Hoffman, LLP

Firm/Company

99 Park Ave. PH/26th Fl

Address

New York, NY 10016

City/State and Zip code

qadams@blhny.com

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

For further information concerning this matter, please call:

Q Adams

at (212) 277-5824

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

7015 0640 0003 3074 4097

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 6, 2023

Q ADAMS
99 PARK AVE PH/26 FL
NEW YORK, NY 10016

SUBJECT: THE SHARE INSTITUTE, INC.
Ref. Number: W23000001165

We have received your document for THE SHARE INSTITUTE, 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):

The registered agent must sign accepting the designation.

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.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 223A00000403

RECEIVED
FEB 01 2023

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. The Share Institute, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- ShareLove.Fund
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. New York 3. 85-4058802
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. NOVEMBER 25, 2020 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 41 Purdy Ave., Suite 567, Rye, NY 10580
(Principal office street address)
- _____
(Current mailing address, if different)

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation FL 33324
(City) (Zip code)

9. 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.

C T Corporation System

By: Stephanie Picco
Stephanie Picco (Registered agent's signature) Assistant Secretary

10. 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.

11. 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: Ashley Share
☐ Vice Chairman Address: 41 Purdy Ave.
☒ Director Suite 567
☐ President Rye, NY 10580
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Erika Billick
☐ Vice Chairman Address: 525 E. 89th St.
☒ Director New York, NY 10128
☐ President _____
☐ Vice President _____
☒ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Sharon Ben-Haim
☐ Vice Chairman Address: 11353 San Elijo Ave.
☒ Director Cardiff by the Sea, CA 92007
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Bobbie Heck
☐ Vice Chairman Address: 735 Warner Ave.
☒ Director Los Angeles, CA 90024
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Christina Bernstein
☐ Vice Chairman Address: 30 Bates R.
☒ Director Harrison, NY 10528
☐ President _____
☐ Vice President _____
☐ Secretary ☒ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Jacqueline Wong
☐ Vice Chairman Address: 146 Captains Cove Dr.
☒ Director San Rafael, CA 94903
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

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.

12. Ashley Share
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. Ashley Share, Director and Chairperson
(Typed or printed name and capacity of person signing application)

BOARD OF DIRECTORS OF THE SHARE INSTITUTE, INC.

NAME	TITLE	ADDRESS
Ashley Share	Director, CEO	41 Purdy Ave, Suite 567, Rye, NY 10580
Bobbie Heck	Director	735 Warner Ave., Los Angeles, CA 90024
Sharona Ben-Haim	Director	11353 San Elijo Ave., Cardiff by the Sea, CA 92007
Dr. Erika D. Billick	Director, Secretary	525 E. 89th St., New York, NY 10128
Jacqueline Wong	Director	146 Captains Cove Dr, San Rafael, CA 94903
Christina Bernstein	Director, Treasurer	30 Bates R., Harrison, NY 10528
Julie Napolitano	Director	10 Pasture Lane, Darien, CT 06820
Cindy Chen	Director	939 Sad Willow Pass, Driftwood TX 78619
Susana Xhayet	Director	41 Purdy Ave, Suite 567, Rye, NY 10580

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:	THE SHARE INSTITUTE, INC.
DOS ID Number:	5885610
Entity Type:	DOMESTIC NOT-FOR-PROFIT CORPORATION
Entity Status:	EXISTING
Date of Initial Filing with DOS:	11/25/2020

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 November 07, 2022 at 06:21 A.M.

ROBERT J. RODRIGUEZ, Secretary of State

Brendan C. Hughes

By Brendan C. Hughes
Executive Deputy Secretary of State

Authentication Number: 100002456875 To Verify the authenticity of this document you may access the
Division of Corporation's Document Authentication Website at <http://ocorp.dos.ny.gov>