

F23000001412

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

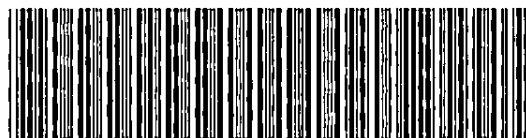
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W23000014373

Office Use Only



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2023 MAR -9 AM 10:08

FILED  
MAR 9 2023  
MAR 9 2023

MAR 11 2023  
K. Brumley



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 12, 2023

MICHAEL B. SCHULMAN  
8 HART PLACE  
DIX HILLS, NY 11746

SUBJECT: SCOTT J. BEIGEL MEMORIAL FUND, INC.  
Ref. Number: W23000019373

We have received your document for SCOTT J. BEIGEL MEMORIAL FUND, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

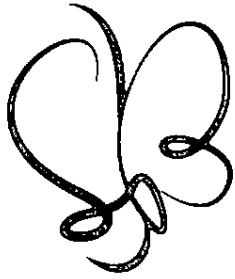
If you have any questions concerning the filing of your document, please call (850) 245-6053.

Yvette Scott  
Supervisor

Letter Number: 623A00003378

RECEIVED

MAR 09 2023



# SCOTT J. BEIGEL MEMORIAL FUND

8 Hart Place • Dix Hills, New York 11746

January 23, 2023

**By CM: 7016 2140 0000 5617 0543**

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

**Re: Scott J. Beigel Memorial Fund, Inc.**

Dear Sir/Madam:

Enclosed please find Application by Foreign Not for Profit Corporation for Authorization to Conduct Affairs in Florida and Certificate of Status, together with our check in the sum of \$87.50 payable to the Florida Department of State.

If you have any questions or require any further documentation, please contact the undersigned.

Very truly yours,

Scott J. Beigel Memorial Fund, Inc.

By: \_\_\_\_\_

Michael B. Schulman

MBS:DS  
Encs.

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SCOTT J. BEIGEL MEMORIAL FUND, 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:

**Michael B. Schulman**

Name of Person

**Scott J. Beigel Memorial Fund, Inc.**

Firm/Company

**8 Hart Place**

Address

**Dix Hills, NY 11746**

City/State and Zip Code

**michael@SJBMF.org**

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

For further information concerning this matter, please call:

**Michael Schulman**

Name of Person

at ( **631** ) **796-0440**

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. Scott J. Beigel Memorial Fund, 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. NY 3. 82-4450173  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. February 16, 2018 5. \_\_\_\_\_  
(Date of Incorporation) (Date of duration, if other than perpetual)

6. 4/20/22  
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 8 Hart Place, Dix Hills, NY 11746  
(Principal office street address)

(Current mailing address, if different)

8. Fundraising  
(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: Douglas Eaton, c/o Eaton Financial Group

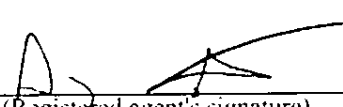
Office Address: 3111 N. University Drive, Suite 404  
Coral Spring, Florida 33065  
(City) (Zip Code)

2023 MAR -9 AM 10:08

FILED

**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: Linda Beigel Schulman  
☐ Vice Chairman Address: 8 Hart Place,  
Dix Hills, NY 11746  
☐ Director \_\_\_\_\_  
☒ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: Michael Schulman  
☐ Vice Chairman Address: 8 Hart Place  
Dix Hills, NY 11746  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☒ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

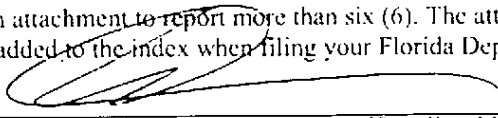
☐ Chairman Name: Jason Glicj  
☐ Vice Chairman Address: 5035 NW 16th Way  
Boca Raton FL 33421  
☒ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: Jonathan Green  
☐ Vice Chairman Address: 83 High Hollow Rd  
Roslyn, NY 11577  
☒ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: Brain Kaplan  
☐ Vice Chairman Address: 820 Harrisburg Lane  
Mt. Juliet, TN 37122  
☒ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ 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 of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Michael Schulman-Vice President  
(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:

<b>Entity Name:</b>	SCOTT J. BEIGEL MEMORIAL FUND INC.
<b>DOS ID Number:</b>	5288305
<b>Entity Type:</b>	DOMESTIC NOT-FOR-PROFIT CORPORATION
<b>Entity Status:</b>	EXISTING
<b>Date of Initial Filing with DOS:</b>	02/16/2018

I certify that the following is a list of documents on file in the Department of State for said entity:

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<b>Document Type:</b>	CERTIFICATE OF INCORPORATION
<b>Date of Filing:</b>	02/16/2018
<b>Entity Name:</b>	SCOTT J. BEIGEL MEMORIAL FUND INC.

Above space is left blank intentionally.

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 January 13, 2023 at  
05:50 P.M.



ROBERT J. RODRIGUEZ, Secretary of State

*Brendan C. Hughes*

By Brendan C. Hughes  
Executive Deputy Secretary of State