

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

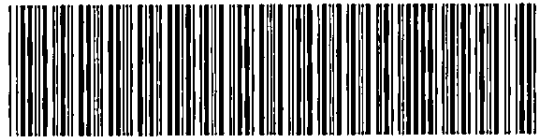
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF STATE
TALLAHASSEE, FLORIDA

W23-73870



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 23, 2023

ANGELA BAKER-JAMES
11 W. JONES ST.
RALEIGH, NC 27601 US

SUBJECT: FRIENDS OF THE NORTH CAROLINA MUSEUM OF NATURAL
SCIENCES
Ref. Number: W23000073870

We have received your document for FRIENDS OF THE NORTH CAROLINA MUSEUM OF NATURAL SCIENCES and check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

You must list the names and street addresses of the officers and directors of the corporation on the form/application.

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

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

Ariel Jones
Regularoty Specialist II

Letter Number: 823A00011774

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Friends of the North Carolina Museum of Natural Sciences
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 Cove

Name of Person

Friends of the North Carolina Museum of Natural Sciences

Firm/Company

11 W. Jones St

Address

Raleigh, NC 27601

City/State and Zip Code

michael.cove@naturalsciences.org

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

For further information concerning this matter, please call:

Michael Cove

at (203 417-8244)

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 &
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. Friends of the North Carolina Museum of Natural Sciences 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. North Carolina 3. 56 1240806
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. March 29, 1979 5. _____
(Date of Incorporation) (Date of duration, if other than perpetual)

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

7. 11 W. Jones St., Raleigh, NC 27601
(Principal office street address)

P.O. Box 26928, Raleigh, NC 27611
(Current mailing address, if different)

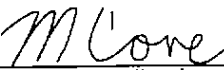
8. To illuminate the natural world and inspire its conservation--Conservation research in the Florida Keys
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

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

Name: Michael Cove
Office Address: 10750 County Road 905
Key Largo, Florida 33037
(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.

 5/26/2023
(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.

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CLERK OF STATE

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: Andrea Nixon
☐ Vice Chairman Address: PNC Bank (retired)
☐ Director 6124 Wilkensburg Rd
☐ President Raleigh, NC 27612
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Andrea Oakley Fox
☒ Vice Chairman Address: Charles Aris, Inc.
☐ Director 3053 Granville Dr
☐ President Raleigh, NC 27609
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Angela Baker-James
☐ Vice Chairman Address: 11 W. Jones St.
☐ Director Raleigh, NC 27601
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other: Executive Director ☐ Other: _____

☐ Chairman Name: John Rumsey
☐ Vice Chairman Address: 9020 Hemingwood Ct
☐ Director Raleigh, NC 27613
☐ President _____
☐ Vice President _____
☒ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Antonette Lockett
☐ Vice Chairman Address: 5824 Cameo Glassway
☐ Director Raleigh, NC 27612
☐ 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. Angela Baker-James
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Angela Baker-James, Executive Director
(Typed or printed name and capacity of person signing application)



NORTH CAROLINA

Department of the Secretary of State

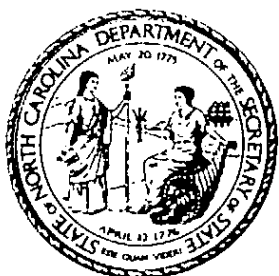
CERTIFICATE OF EXISTENCE

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

FRIENDS OF THE NORTH CAROLINA STATE MUSEUM OF NATURAL SCIENCES

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 29th day of March, 1979, with its period of duration being Perpetual.

I FURTHER certify that the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Nonprofit Corporation Act; and that the said corporation has not filed articles of dissolution as of the date of this certificate.



Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 4th day of May, 2023.

Elaine F. Marshall

Secretary of State