

F23000003339

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

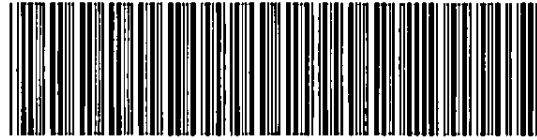
(Document Number)

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

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

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FILED

2023 JUN 25 AM 9:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2023 JUN 15 PM 3:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

A. Jones

FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DRIVE

TALLAHASSEE, FL 32309

(850) 524-5437

(850) 524-6243

Please use funds from this account: I20210000160: \$87.50

Authorization Signature:  :

**SCREAMING COMET FOUNDATION, INC,**

BUSINESS NAME DOCUMENT #

**\_X\_ Certified Copy**

**\_X\_ Certificate of Status**

**NEW FILINGS**

\_\_\_ Profit Corp  
\_\_\_ Not for Profit  
\_\_\_ Limited Liability  
\_\_\_ Domestication  
\_\_\_ Other  
\_\_\_ CORP  
\_\_\_ LLLP

**AMMENDMENTS**

\_\_\_ Amendment  
\_\_\_ Resignation of R.A. Officer/Director  
\_\_\_ Change of Registered Agent  
\_\_\_ Revocation of Dissolution  
\_\_\_ Merger  
\_\_\_ Articles of Conversion  
\_\_\_ Amended and restated Articles  
\_\_\_ Statement of Authority

**OTHER FILINGS**

\_\_\_ Annual Report  
\_\_\_ Fictitious Name  
\_\_\_ APOSTILLE  
\_\_\_ Country

**REGISTRATION/QUALIFICATIONS**

**X** **Foreign filing**  
\_\_\_ Limited Partnership  
\_\_\_ Reinstatement  
\_\_\_ Other

**EXAMINER'S INITIALS:** \_\_\_\_\_

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Screaming Comet 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:

Jamie Klein  
Name of Person

Screaming Comet Foundation, Inc  
Firm/Company

c/o General Atlantic

2340 Collins Avenue Suite 601  
Address

Miami Beach, Florida 33139  
City/State and Zip Code

jklein@northfifthservices.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jamie Klein  
Name of Person

at ( 646 )

627-4050  
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. Screaming Comet 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. Delaware

(State or country under the law of which it is incorporated)

3. \_\_\_\_\_

(FEI number, if applicable)

4. December 22, 2003

(Date of Incorporation)

5. \_\_\_\_\_

(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. 90 General Atlantic 2340 Collins Avenue Suite 601 Miami Beach, FL 33139

(Principal office street address)

(Current mailing address, if different)

8. Not for Profit Private Foundation - grant making

(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: Jamie Klein

Office Address: 90 General Atlantic 2340 Collins Avenue Suite 601

Miami Beach

(City)

, Florida 33139

(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.*

Jamie Klein  
(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]:

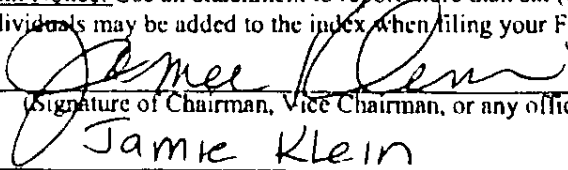
**A. DIRECTORS**

<input checked="" type="checkbox"/> Chairman	Name: <u>William E. Ford</u>	<input type="checkbox"/> Chairman	Name: <u>Molly Birkenes</u>
<input type="checkbox"/> Vice Chairman	Address: <u>90 General Atlantic</u>	<input type="checkbox"/> Vice Chairman	Address: <u>90 General Atlantic</u>
<input type="checkbox"/> Director	<u>2340 Collins Ave Suite 601</u>	<input type="checkbox"/> Director	<u>2340 Collins Ave</u>
<input type="checkbox"/> President	<u>Miami Beach, Florida</u>	<input checked="" type="checkbox"/> President	<u>Miami Beach, Florida</u>
<input type="checkbox"/> Vice President	<u>33139</u>	<input type="checkbox"/> Vice President	<u>33139</u>
<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer	<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____

<input type="checkbox"/> Chairman	Name: <u>Jamie Klein</u>	<input type="checkbox"/> Chairman	Name: <u>Richard Gold</u>
<input type="checkbox"/> Vice Chairman	Address: <u>90 General Atlantic</u>	<input type="checkbox"/> Vice Chairman	Address: <u>90 General Atlantic</u>
<input type="checkbox"/> Director	<u>2340 Collins Ave. Suite 601</u>	<input type="checkbox"/> Director	<u>55 East 52nd St</u>
<input type="checkbox"/> President	<u>Miami Beach, Florida</u>	<input type="checkbox"/> President	<u>33rd Floor</u>
<input type="checkbox"/> Vice President	<u>33139</u>	<input type="checkbox"/> Vice President	<u>New York, NY 10055</u>
<input type="checkbox"/> Secretary	<input checked="" type="checkbox"/> Treasurer	<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____

<input type="checkbox"/> Chairman	Name: _____	<input type="checkbox"/> Chairman	Name: _____
<input type="checkbox"/> Vice Chairman	Address: _____	<input type="checkbox"/> Vice Chairman	Address: _____
<input type="checkbox"/> Director	_____	<input type="checkbox"/> Director	_____
<input type="checkbox"/> President	_____	<input type="checkbox"/> President	_____
<input type="checkbox"/> Vice President	_____	<input type="checkbox"/> Vice President	_____
<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer	<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> 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. Jamie Klein  
(Typed or printed name and capacity of person signing application)

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SCREAMING COMET FOUNDATION, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTH DAY OF JUNE, A.D 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CORPORATION IS AN EXEMPT CORPORATION.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SCREAMING COMET FOUNDATION, INC." WAS INCORPORATED ON THE TWENTY-SECOND DAY OF DECEMBER, A D 2003.



3744433 8300C

SR# 20232666610

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication 203483607

Date 06 05 23