

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : CAPITOL SERVICES, INC.  
Account Number : I20160000017  
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**Foreign Limited Liability Company  
SHELTERING PALMS FOUNDATION, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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# 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. SHELTERING PALMS 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. Texas 3. 75-2715357  
(State or country under the law of which it is incorporated) (FBI number, if applicable)

4. June 27, 1997 5. \_\_\_\_\_  
(Date of Incorporation) (Date of duration, if other than perpetual)

6. February 20, 2024  
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 2378 NW 60th Street, Boca Raton, FL 33496  
(Principal office street address)

(Current mailing address, if different)

8. charitable purpose within the meaning of Section 501 (c)(3)  
(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: Harvey Polly  
Office Address: 2378 NW 60th Street  
Boca Raton, Florida 33496  
(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.*

Harvey Polly

(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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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: Harvey Polly

☐ Vice Chairman Address: 2378 NW 60th Street

☒ Director Boca Raton, FL 33496

☐ President \_\_\_\_\_

☒ Vice President \_\_\_\_\_

☐ Secretary ☐ Treasurer

☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: Judith Polly Sackheim

☐ Vice Chairman Address: c/o Harvey Polly

☒ Director 2378 NW 60th Street

☐ President Boca Raton, FL 33496

☐ Vice President \_\_\_\_\_

☐ Secretary ☐ Treasurer

☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: Teri Polly

☐ Vice Chairman Address: 2378 NW 60th Street

☒ Director Boca Raton, FL 33496

☐ President \_\_\_\_\_

☐ Vice President \_\_\_\_\_

☒ Secretary ☐ Treasurer

☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: Anthony Flaim

☐ Vice Chairman Address: c/o Harvey Polly

☒ Director 2378 NW 60th Street

☒ President Boca Raton, FL 33496

☐ Vice President \_\_\_\_\_

☐ Secretary ☐ Treasurer

☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: Jeffrey Polly

☐ Vice Chairman Address: c/o Harvey Polly

☒ Director 2378 NW 60th Street

☐ President Boca Raton, FL 33496

☐ 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. Harvey Polly (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Harvey Polly Director (Typed or printed name and capacity of person signing application)

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Corporations Section  
P.O.Box 13697  
Austin, Texas 78711-3697



Jane Nelson  
Secretary of State

## Office of the Secretary of State

### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Articles Of Incorporation for SHELTERING PALMS FOUNDATION, INC. (file number 145056101), a Domestic Nonprofit Corporation, was filed in this office on June 27, 1997.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on February 21, 2024.



A handwritten signature in cursive script, reading "Jane Nelson".

Jane Nelson  
Secretary of State