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JAN 10 2024



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 29, 2024

PHYLLIS JOAN KOHN  
8333 SEMINOLVE BLVD. APT 230  
SEMINOLE, FL 33772 US

SUBJECT: LAKE ERIE RESEARCH INSTITUTE, INC.  
Ref. Number: W24000014728

We have received your document for LAKE ERIE RESEARCH INSTITUTE, INC. and check(s) totaling \$96.25. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document you submitted is for corporate name filing reserve, which is not the same as a foreign application to transact business. I have attached the correct application if this what you are intended to do.

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

Ariel Jones  
Regulatory Specialist II

Letter Number: 924A00001896

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Lake Erie Research Institute, 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:

Phyllis Joan Kuhn

Name of Person

Lake Erie Research Institute, Inc

Firm/Company

8333 Seminole Boulevard

Apt 230

Address

Seminole, Florida 33772

City/State and Zip Code

pkuhnphd@aol.com

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

For further information concerning this matter, please call:

Phyllis J. Kuhn

Name of Person

at ( 727 )

Area Code

289 2754

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

\* Note: Check for \$96.25 sent 11/29/24 #1350

**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. Lake Erie Research Institute, 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. Pennsylvania

3. EIN 55-9896759

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

(FEI number, if applicable)

4. 11/22/2002

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. 8333 Seminole Boulevard Apt 230 Seminole, Florida 33772

(Principal office street address)

(Current mailing address, if different)

8. Grant writing, Editing, Medical Research

(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: Ken Arsenault

Office Address: 19535 Gulf Boulevard Suite E

Indian Shores

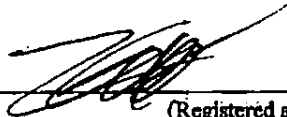
(City)

, Florida 33785

(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.*



(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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SECRET  
FBI

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: Edward Goebel, Esq  
☐ Vice Chairman Address: 3226 Georgean Court  
☐ Director Eric, PA 16506  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: Steve Mauro  
☐ Vice Chairman Address: Alfred State University  
☐ Director 10 Upper College Drive  
☐ President Alfred, NY 14802  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☒ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: Phyllis J. Kuhn  
☐ Vice Chairman Address: 8333 Seminole Boulevard  
☒ Director Seminole, Florida 33772  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: David Dulabon, MD  
☐ Vice Chairman Address: 201 Wolf Pond Road  
☐ Director Eric, PA 16505  
☐ 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. Phyllis J. Kuhn  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Phyllis J. Kuhn  
(Typed or printed name and capacity of person signing application)

**Pennsylvania Department of State**  
Bureau of Corporations and Charitable Organizations  
PO Box 8722 | Harrisburg, PA 17105-8722  
T: 717-787-1057  
[dos.pa.gov/BusinessCharities](http://dos.pa.gov/BusinessCharities)

**Regarding:** LAKE ERIE RESEARCH INSTITUTE, INC.  
**Request Type:** Subsistence Certificate **Issuance Date:** November 17, 2023  
**Request No.:** 025711320 **File No.:** 0003107908  
**Receipt No.:** 000774145  
**Filing Type:** Domestic Nonprofit Corporation  
**Filing Subtype:** Nonprofit Corporation  
**Initial Filing Date:** November 22, 2002  
**Status:** Active

**TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:**

I DO HEREBY CERTIFY THAT

LAKE ERIE RESEARCH INSTITUTE, INC.

is currently subsisting on the records of the Department of State as of the issuance date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have  
hereunto set my hand and caused the seal  
of my office to be affixed, the day and year  
above written

**Albert Schmidt**  
Secretary of the Commonwealth

Verify this certificate online at [www.file.dos.pa.gov](http://www.file.dos.pa.gov)