

# F24000002023

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

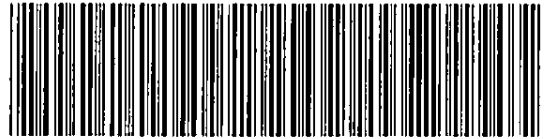
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



900422715119

2024 APR 15 PM 3:40

RECEIVED  
2024 APR 15 AM 11:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APR 15 2024

K. Brumbley

NS



CSC - Tallahassee  
1201 Hays Street  
Tallahassee, FL 32301-2607  
850-558-1500, Ext:

To: Department Of State, Division Of Corporations  
From: Shauna Godbolt  
Ext:  
Date: 04/15/24  
Order #: 1470918-1  
Re: PHILOS FOUNDATION, INC  
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority

Amount to be deducted from our State Account: \$70.0 - FL State Account Number:

I20000000195

Certificate of Good Standing from State of Incorporation

AUTH

A handwritten signature in black ink, appearing to read 'Shauna Godbolt', is written over the word 'AUTH' and extends to the right.

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PHILOS 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:

Charles M. LeSchack

Name of Person

Cummings & Lockwood LLC

Firm/Company

Six Landmark Square, 8th Floor

Address

Stamford, CT 06901

City/State and Zip Code

cleschack@cl-law.com

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

For further information concerning this matter, please call:

Charles M. LeSchack

Name of Person

at ( 203 )  
Area Code

351-4418

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. Philos 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. Illinois 3. 46-4969504  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 6/4/1974 5. \_\_\_\_\_  
(Date of Incorporation) (Date of duration, if other than perpetual)

6. 02/26/2024  
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 1401 N. Wieland Street, Apt. O, Chicago, IL 60610  
(Principal office street address)

(Current mailing address, if different)

8. Exclusively charitable, educational, scientific purposes within the meaning of Code 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: Corporation Service Company  
Office Address: 1201 Hays Street  
Tallahassee, Florida 32031  
(City) (Zip Code)

2024 APR 15 PM 3:40

**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.*

Corporation Service Company

By: Shauna Godbolt  
(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: James P. Mulligan  
☐ Vice Chairman Address: N55 W34550 Kosanke Road  
☒ Director Oconomowoc, WI 53066  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: George Larsen  
☒ Vice Chairman Address: 8445 Cortland Road  
☒ Director Eden Prairie, MN 55433  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: Alexis Gaughan  
☐ Vice Chairman Address: 4534 Arboretum Circle  
☒ Director Naples, FL 34112  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☒ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: Peter Bokos  
☐ Vice Chairman Address: 4700 Villa Mare Lane  
☒ Director Naples, FL 34103  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: Joseph F. Bigane III CPA  
☐ Vice Chairman Address: 1050 Braemoor Drive  
☒ Director Downers Grove, IL 60515  
☐ 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. James P. Mulligan, Chairman  
(Typed or printed name and capacity of person signing application) CSC QUAL-31404

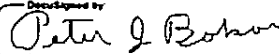
This Instrument Prepared By:  
Howard M. Hujsa, Esq.  
Cummings & Lockwood LLC  
The Brooks Grand Plaza  
8000 Health Center Blvd., Suite 300  
Bonita Springs, FL 34135

**AFFIDAVIT AUTHORIZING THE ASSUMPTION OF  
THE NAME OF A DISSOLVED NOT-FOR-PROFIT  
CORPORATION BY ANOTHER CORPORATION  
IN ACCORDANCE WITH FLORIDA STATUTE § 617.1405(4)**

STATE OF  
COUNTY OF

BEFORE ME, a Notary Public, commissioned in the State of Florida, on this date appeared, who being by me first duly sworn, deposes and says as follows:

1. I, PETER BOKOS, am a Director and the President of of PHILOS FOUNDATION, INC., document number N14000001939 (the "Dissolved Corporation").
2. Articles of Dissolution were filed with the Florida Department of State on February 2, 2024 for the Dissolved Corporation.
3. The Dissolved Corporation does not have any intention of revoking the Dissolution.
4. In accordance with Florida Statute § 617.1405(4), I hereby provide this affidavit, executed pursuant to § 617.01201, authorizing the immediate assumption and use of the name of the Dissolved Corporation by another corporation.

Deponent by  
  
[REDACTED]

PETER BOKOS, President/Director  
Affiant

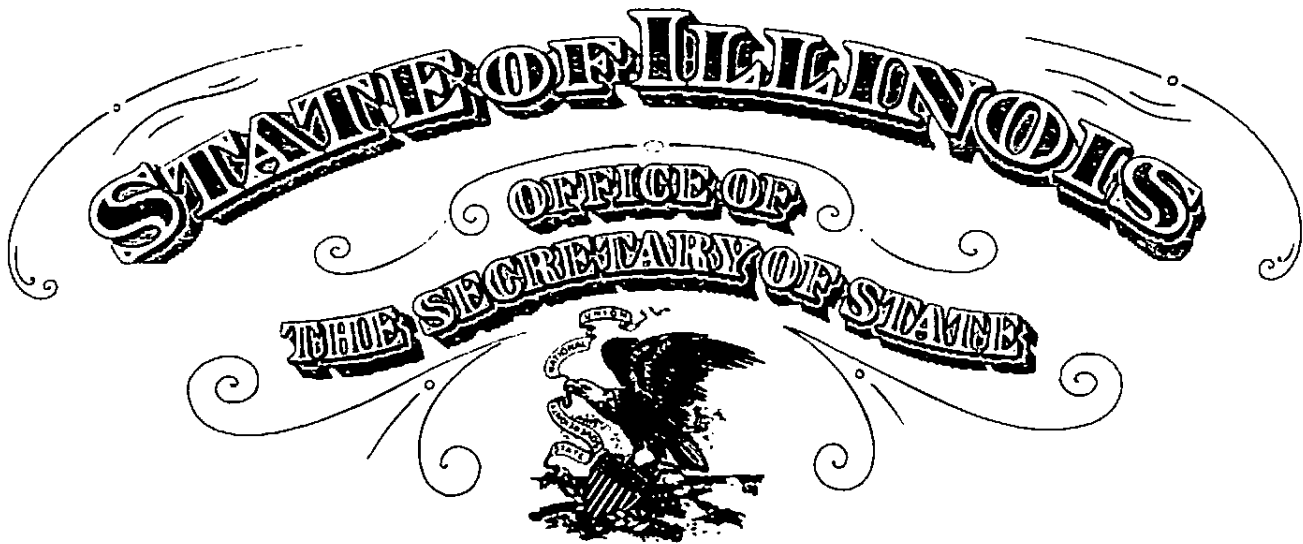
SWORN TO AND SUBSCRIBED before me this 4<sup>th</sup> day of April, 2024,  
by PETER BOKOS, who is personally known to me or who has produced a driver's license as  
identification.



Commission 998575  
NOTARY PUBLIC  
Deborah Shanahan  
Printed Name of Notary Public

File Number

5045-975-6



***To all to whom these Presents Shall Come, Greeting:***

*I, Alexi Giannoulas, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

PHILOS FOUNDATION, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JUNE 04, 1974, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



***In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 4TH day of APRIL A.D. 2024 .***

Authentication #: 2409504398 verifiable until 04/04/2025

Authenticate at: <https://www.ilsos.gov>

*Alexi Giannoulas*

SECRETARY OF STATE