

F24000004419

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

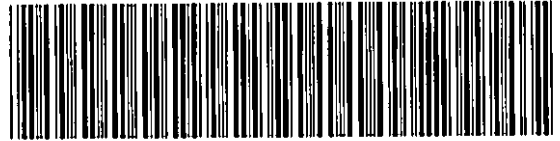
(Document Number)

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

Special Instructions to Filing Officer

W23000070402

Office Use Only



900408015669

05/03/23--01023--002 \*\*70.00

2024 AUG 12 PM 4:36

August 8, 2024

Kimberly N. Harris-Browns  
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D. +1.312.324.8462  
F. +1.312.324.9462

Registration Section  
ATTN: Andrea Andrews  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Re: Re-Submitted Application by Foreign Not for Profit Corporation on behalf of  
iAlive Foundation (Doc No: W23000070402)**

Dear Ms. Andrews:

I respectfully re-submit the attached Application by Foreign Not for Profit Corporation for Authorization to Conduct Its Affairs in Florida (Document Number: W23000070402) (the "Application") on behalf of iAlive Foundation (the "Foundation"), which was originally received by the Division of Corporations on May 2, 2023. While attempting to file an annual report for our fiscal year 2023, we learned that the Foundation's application had been rejected because the Foundation's legal name does not conform to Florida's entity naming conventions, as Illinois does not require nonprofit entities to have corporation suffixes. We were unaware of this action as the Foundation's mailing address was entered incorrectly in the Division of Corporation's records; thus, we did not receive the rejection notice. While speaking with representatives of the Division of Corporations by telephone, I received the following instructions:

- State the name of the organization in the secondary line of Item 1 of the Application as "IALIVE FOUNDATION, INC." I was told that no further action (e.g., registering a fictitious name) would be required.
- Re-submit the application and address it to you with this explanatory cover letter.
- Do not re-submit the Filing Fee, as the original payment is still on file with the Division of Corporations.

Please note that the only change in this application from the original is that the treasurer and secretary have switched positions since the original filing of the application. Further, the Foundation has not yet received any revenues or conducted any business in the State of Florida in any year. Thank you in advance for your consideration and review of our application. Please do not hesitate to contact us should you have any questions.

Regards,



Kimberly N. Harris-Browns, Esq.

*Attachments*

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** IALIVE FOUNDATION

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:

DAVID LIPSCHULTZ, ESQ.

Name of Person

LAW OFFICES OF DAVID S. LIPSCHULTZ

Firm/Company

200 S MICHIGAN AVE

SUITE 201

Address

CHICAGO, IL 60604-2407

City/State and Zip Code

ROMASMARTUSEVICIUS2009@U.NORTHWESTERN.EDU

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

For further information concerning this matter, please call:

ROMAS MARTUSEVICIUS

Name of Person

914

Area Code

336-0303

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

**RECEIVED**

**AUG 12 2024**

No Check

**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. LALIVE 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. 86-2679055  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 01/26/2021 5. PERPETUAL  
(Date of Incorporation) (Date of duration, if other than perpetual)

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

7. 200 S MICHIGAN AVE, SUITE 201, CHICAGO, IL 60604-2407  
(Principal office street address)

(Current mailing address, if different)

8. Reduce healthcare disparities within underprivileged communities and foster access to quality and affordable healthcare.  
(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: MAGDA AMBROISE

Office Address: 1200 EUCLID AVENUE, APT 102  
MIAMI BEACH, Florida 33139-4404  
(City) (Zip Code)

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**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.*

Signed by  
Magda Ambrose  
(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: ROMAS MARTUSEVICIUS  
☐ Vice Chairman Address: 1200 EUCLID AVENUE  
☐ Director APT 102  
☒ President MIAMI BEACH, FL 33139-4404  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: DAVID LIPSCHULTZ, ESQ.  
☐ Vice Chairman Address: 200 S MICHIGAN AVE  
☐ Director SUITE 201  
☐ President CHICAGO, IL 60604-2407  
☐ Vice President \_\_\_\_\_  
☒ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: JASON ACOSTA  
☐ Vice Chairman Address: 518 N GRAND AVE  
☐ Director SAN PEDRO, CA 90731-2000  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☒ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

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

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

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

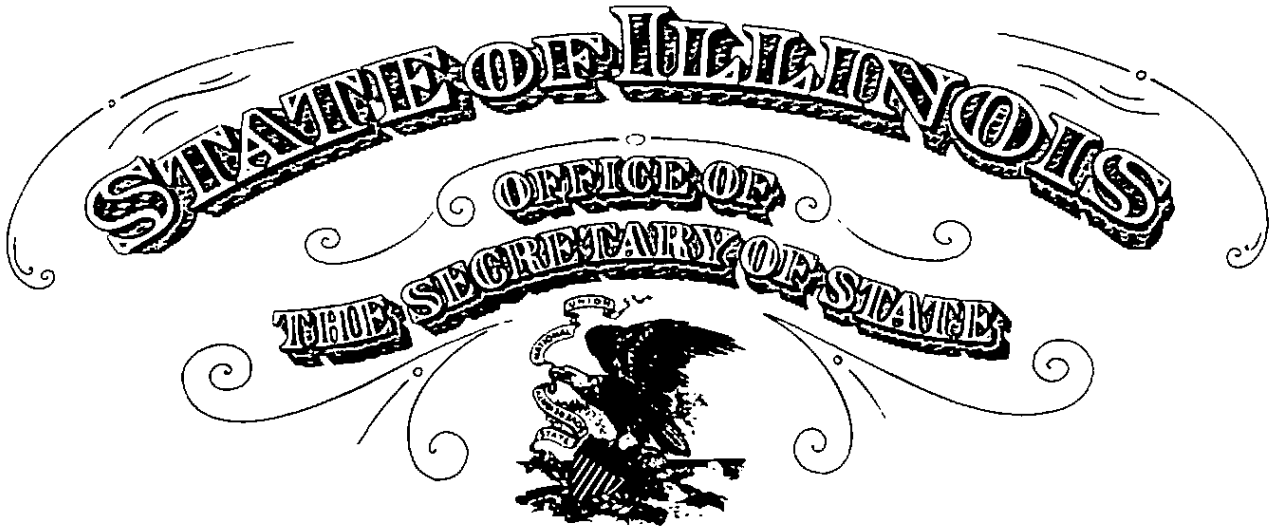
**NOTE: Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

13. <sup>Signed by</sup> Romas Martusevicius  
FCAS2A707511414 (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. ROMAS MARTUSEVICIUS, PRESIDENT / DIRECTOR  
(Typed or printed name and capacity of person signing application)

File Number

7254-799-3



***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*

IALIVE FOUNDATION, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JANUARY 26, 2021, 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    19TH*  
*day of        JULY        A.D.    2024    .*