

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

From: Account Name : COMPUTERSHARE
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****Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.****

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION
THE SAMUEL E. MASSENBERG, SR. FOUNDATION, INC.

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	\$78.75

RECEIVED

2024 NOV 14 PM 12:44

DEPT. OF STATE
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

SECRETARY OF STATE
 TALLAHASSEE, FL.

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FILED

**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. THE SAMUEL E. MASSENBERG, SR. 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. New Jersey 3. 81-4667852
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 12/9/2016 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. 464 Golden gate Point Unit 401
(Principal office street address)

Sarasota, Florida 34236
(Current mailing address, if different)

8. To empower underrepresented minority students to pursue STEM fields of study as specified in the Certificate of Inc.
(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: Michael J. Weir

Office Address: 464 Golden Gate Point Unit 401

Sarasota, Florida 34236
(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.

Signed by:

Michael J. Weir

(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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TALLAHASSEE, FL

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: Mirian M. Graddick-Weir
☐ Vice Chairman Address: 464 Golden gate Point, Unit 401
☒ Director Sarasota, Florida 34236
☒ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other: CEO ☐ Other: _____

☐ Chairman Name: Michael J. Weir
☐ Vice Chairman Address: 464 Golden gate Point, Unit 401
☒ Director Sarasota, Florida 34236
☐ President _____
☒ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other: COO ☐ Other: _____

☐ Chairman Name: Danielle T. Graddick
☐ Vice Chairman Address: 1513 White Pine Ct.
☒ Director Cedar Knolls, NJ 07927
☐ President _____
☒ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other: Development Dir. ☐ Other: _____

☐ Chairman Name: Tiffany D. Graddick
☐ Vice Chairman Address: 5164 W. Redondo Ct.
☒ Director Los Angeles, CA 90019
☐ President _____
☐ Vice President _____
☒ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Monique M. Weir
☐ Vice Chairman Address: 256 Franklin Ave. Apt. 1C
☒ Director Maplewood, NJ 07040
☐ 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. Michael J. Weir
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Michael J. Weir, Vice President
(Typed or printed name and capacity of person signing application)

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
LONG FORM STANDING WITH CHARTER DOCUMENTS**

THE SAMUEL E. MASSEMBERG, SR. FOUNDATION, INC.
0101043208

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Non-Profit Corporation was registered by this office on December 09, 2016.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

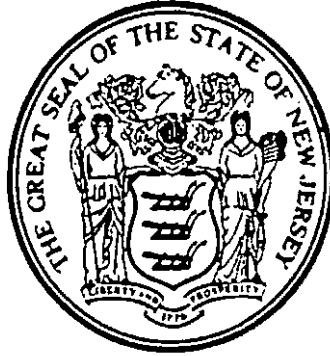
THE SAMUEL E. MASSEMBERG, SR. FOUNDATION,
INC.
33 COMMUNITY PLACE
MORRISTOWN, NJ 07960

I further certify that as of the date of this certificate, the following amendments and changes are on file in this office:

Annual Report Filing with address change	12/27/2017
Annual Report filing with officer/member change	12/27/2017
Annual Report Filing with address change	10/05/2023

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
LONG FORM STANDING WITH CHARTER DOCUMENTS**

THE SAMUEL E. MASSENBERG, SR. FOUNDATION, INC.
0101043208



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
14th day of November, 2024*

A handwritten signature in black ink, appearing to read "Elizabeth Maher Muoio".

Elizabeth Maher Muoio
State Treasurer

Certificate Number : 6138978566

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/ISP/Verify_Cert.jsp