

F95000003245  
TRANSMITTAL LETTER

TO: QUALIFICATION/REGISTRATION SECTION  
DIVISION OF CORPORATIONS

100001518581  
-06/20/95--01140--001  
\*\*\*\*\*61.25 \*\*\*\*\*61.25

SUBJECT: FRAXA RESEARCH FOUNDATION, Inc.  
(Name of corporation)

W95-12631

Dear Sir or Madam:

The enclosed "Application by Foreign Not For Profit Corporation for Authorization to Conduct Its Affairs in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign nonprofit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Tonii Kelly  
(Name of Person)  
FRAXA RESEARCH FOUNDATION, Inc.  
(Firm/Company)  
1220 NE. 142 STREET  
(Address)  
North Miami, FL 33161  
(City, State and Zip Code)

W  
7/6

RECEIVED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 JUL -6 PM 12:41

900001581428  
-07/07/95--01001--003  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

For further information concerning this matter, please call:

tonii Kelly at ( 305 ) 895-1131  
(Name of Person) Area Code & Daytime Telephone Number

COURIER ADDRESS:  
Qualification/Registration Sec.  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

MAILING ADDRESS:  
Qualification/Registration Sec.  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

June 12, 1995

Qualification/Registration Sec.  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

Dear Sir or Madam:

I have enclosed the required forms as instructed by your letter of information, regarding registration of myself as a foreign agent of a non-profit corporation, FRAXA Research Foundation, Inc.

The check for \$61.25 is to receive a certificate of status and a certified copy, in addition to the letter of acknowledgement, which is free. Thank you for your assistance.

Sincerely yours,



Mrs. Tonii Kelly  
1220 NE 142 St.  
North Miami, FL 33161



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

June 21, 1995

TONII KELLY  
FRAXA RESEARCH FOUNDATION, INC.  
1220 NE 142 STREET  
NORTH MIAMI, FL 33161

SUBJECT: FRAXA RESEARCH FOUNDATION, INC.  
Ref. Number: W95000012631

We have received your document for FRAXA RESEARCH FOUNDATION, INC. and your check(s) totaling \$61.25. However, the document has not been filed and is being retained in this office for the following:

Although you sent \$61.25 for a certificate and a certified copy, you did not include the \$70.00 required to file the corporation. Please remit \$70.00, and upon filing your application we will send the certificate and certified copy you ordered.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6958.

Lee Rivers  
Document Examiner

Letter Number: 195A00030409

July 2, 1995

Department of State  
Division of Corporation  
P.O. Box 6327  
Tallahassee, FL 32314  
(904) 488-9000

SUBJECT: FRAXA RESEARCH FOUNDATION, INC.  
Ref. Number: W95000012631

Dear Sirs:

I did not realize I had missed the filing fee. Enclosed is that fee, as referred to in your letter 195A00030409.

Thank you for your assistance in this matter.

My address is: Tonii Marie Kelly  
1220 NE 142 Street  
North Miami, Florida 33161  
(305) 895-1131

Thank you,

*Tonii Kelly*

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 AUTHORIZA-  
TION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

1. FRAXA RESEARCH FOUNDATION, INC.  
(Name of corporation; must include the word "INCORPORATED" or "CORPORATION" or words or abbrevia-  
tions 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.)

2. Massachusetts 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. January 31, 1994 5. perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. none as yet  
(Date corporation first conducted affairs in Florida -  
See sections 617.1501, 617.1502, and 817.155, F.S.)

7. P.O. Box 435,  
WEST NEWBURY MA 01985  
(Current mailing address)

8. fund raising  
(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:

TONII Kelly  
(Name)

1220 NE 142 St  
(Office address)

North Miami, Florida, 33161  
(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.

Tonii M Kelly  
(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. Names and addresses of officers and/or directors:

A. DIRECTORS

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

*Please see attached*

B. OFFICERS

President: Katherine Clapp

Address: P.O. Box 935

West Newbury MA 01985-0935

Vice President: Kathleen May

Address: P.O. Box 53

FAIRFAX STATION, VA 22039

Secretary: Michael Tranfaglia MD

Address: PO Box 935

W. Newbury, MA 01985-0935

Treasurer: Michael Tranfaglia MD

Address: P.O. Box 935, 35 Way to the River

WEST NEWBURY, MA 01985-0935

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Katherine N Clapp, President  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. TONI KELLY FLORIDA REPRESENTATIVE  
(Typed or printed name and capacity of person signing application)

## FRAXA



**Research Foundation, Inc.**  
P.O. Box 935, West Newbury, MA 01985  
(508) 462-1990

### MEMBERS OF THE BOARD OF DIRECTORS

Katherine Clapp, M.S.  
35 Way to the River  
W. Newbury, MA 01985  
(508) 462-1990

*(Chairman)*

Justine Jurtz  
99 Elm St.  
Andover, MA 01810  
(508) 475-1552

*Mary Beth Busby  
1821 Kalorama Square  
Washington, DC 20008*

Lars Lundgren, M.D.  
20 Stowcroft Drive  
Hampton, NH 03842  
(508) 465-7121

Kathleen May  
11421 Pope's Head Rd.  
Fairfax, VA 22030  
(703) 278-9144

Pamela Mellon, Ph.D.  
12720 Via Esperia  
Del Mar, CA 92014  
(619) 793-8890

Michael Tranfaglia, M.D.  
35 Way to the River  
W. Newbury, MA 01985  
(508) 462-1990

### OFFICERS

Katherine Clapp, President  
Kathleen May, Vice President  
Michael R. Tranfaglia, Treasurer, Clerk



William Francis Galvin  
Secretary of the  
Commonwealth

*The Commonwealth of Massachusetts*  
*Secretary of the Commonwealth*  
*State House, Boston, Massachusetts 02133*

May 22, 1995

SECRETARY OF STATE  
DIVISION OF CERTIFICATIONS  
95 JUN -6 PM 12:42

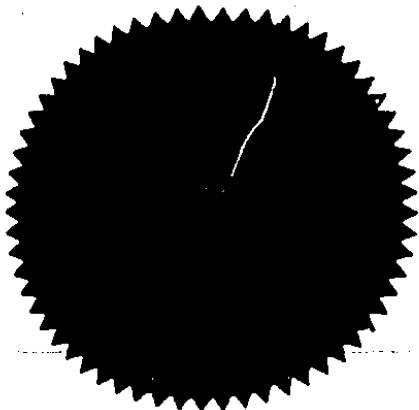
TO WHOM IT MAY CONCERN:

I hereby certify that according to the records of this office

**Fraxa Research Foundation, Inc.**

is a Massachusetts non-profit corporation organized on January 31, 1994, under the General Laws of the Commonwealth of Massachusetts.

I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 180, Section 26 A, for revocation of the charter of said corporation; that the State Secretary has not received notice of dissolution of the corporation pursuant to Massachusetts General Laws, Chapter 180, Section 11, 11A, or 11B; that said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.



In testimony of which,  
I have hereunto affixed the  
Great Seal of the Commonwealth  
on the date first above written.

*William Francis Galvin*

Secretary of the Commonwealth

\* This is not a tax clearance. Certificates certifying that all taxes due and payable by the corporation have been paid or provided for are issued by the Department of Revenue.



# F95000003245

Form 1001  
123456789  
ABC DE, (123456)

City/State/Zip Phone #

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

- 1 \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
- 2 \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
- 3 \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
- 4 \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)

700001914767  
-08/07/96-01009-010  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

- Walk in
- Mail out
- Pick up time \_\_\_\_\_
- Will wait
- Certified Copy
- Photocopy
- Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED  
96 AUG - 6 PM 4: 11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Examiner's Initials   /  /

