

F99000002148

TRANSMITTAL LETTER

TO: Qualification/Registration Section
Division of Corporations

SUBJECT: Cure For Lymphoma Foundation
(Name of Corporation)

900002846939

4/22/99 9036 005

\$ 87.50

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 not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Barbara Freundlich

(Name of Person)

Cure For Lymphoma Foundation

(Firm/Company)

215 Lexington Avenue

(Address)

New York, NY 10016

(City, State and Zip Code)

For further information concerning this matter, please call:

Barbara Freundlich at (212) 213 - 9595

(Name of Person)

Area Code & Daytime Telephone Number

STREET ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$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

Barbara Freundlich
gave auth. to add

"INC" to name Hc 4/26

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 APR 22 PM 4:07

**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. Cure For Lymphoma 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.)

2. New York

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

3. 13-3703565

(FEI number, if applicable)

4. August 21, 1995

(Date of Incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. May 22, 1999

(Date corporation first conducted Affairs in Florida -
See sections 617.1501, 617.1502, and 817.155, F.S.)

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*****87.50 *****87.50

7. 215 Lexington Avenue

New York, NY 10016

(Current mailing address)

8. Marathon

(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:

Louise Avitable

(Name)

5862 NW 48 Court

(Office address)

Coral Springs

(City)

Florida,

33067

(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.

Louise Avitable

(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: (Street address only- P. O. Box NOT acceptable)

A. DIRECTORS (Street address only- P. O. Box NOT acceptable)

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS (Street address only- P. O. Box NOT acceptable)

President: Jerry Freundlich

Address: 1136 5th Avenue

New York, NY 10128

Vice President: Kathryn A. Adams

Address: 1 Rock Ridge Avenue

Greenwich, CT 06831

Secretary: Barbara Freundlich

Address: 215 Lexington Avenue New York, NY 10016

Treasurer: Errol M. Cook

Address: 76 Mohawk Road Short Hills, NJ 07078

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

13. Barbara Freundlich
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

Barbara Freundlich, Secretary
(Typed or printed name and capacity of person signing application)

**State of New York
Department of State**

ss:

I hereby certify, that the certificate of incorporation of CURE FOR LYMPHOMA FOUNDATION was filed on 02/02/1993, under the name of LYMPHOMA RESEARCH FOUNDATION, as a Not-for-Profit corporation and that a diligent examination has been made of the index of corporation papers filed in this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation.

A Certificate of Amendment LYMPHOMA RESEARCH FOUNDATION, changing name to CURE FOR LYMPHOMA FOUNDATION, was filed 04/05/1994.

*Witness my hand and the official seal
of the Department of State at the City
of Albany, this 06th day of April
one thousand nine hundred and
ninety-nine.*



Special Deputy Secretary of State

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 APR 22 PM 4:07