

# N21000014163

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(Requestor's Name)

\_\_\_\_\_  
(Address)

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(Address)

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(City/State/Zip/Phone #)

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PICK-UP

☐

WAIT

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MAIL

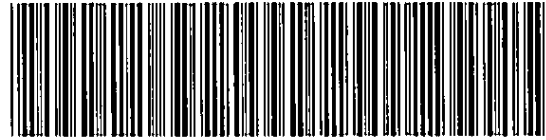
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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TALLAHASSEE, FLORIDA

2021 DEC -8 PM 1:48

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FL

2021 DEC -8 PM 2:45

# Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 12/8/2021

**\*\*WALK IN\*\***

ENTITY NAME The John and Jeanette Staluppi Charitable Foundation

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

XXX

*Plain Copy*

*Certified Copy*

*Certificate of Status*

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

*Certified Copy of Arts & Amendments*

*Certified Copy of Arts & Amendments Complete File (Including Annual Reports)*

*Certificate of Status*

*Certificate of Status Reflecting: \_\_\_\_\_*

**\*\*APOSTILLE / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED \$ 78.75

ACCOUNT # 120140000108  
United Corporate  
Services, Inc.

*Keith Staluppi*

Please call Tina at the above number for any issues or concerns. Thank you so much!



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 8, 2021

SUNSHINE STATE

**CORRECTED**  
**Please Allow For**  
**Same File Date**

SUBJECT: THE JOHN AND JEANETTE STALUPPI CHARITABLE  
FOUNDATION  
Ref. Number: W21000156436

We have received your document for THE JOHN AND JEANETTE STALUPPI CHARITABLE FOUNDATION and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

The document must have original signatures.

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 (850) 245-6052.

Neysa Culligan  
Regulatory Specialist III

Letter Number: 921A00029582

RECEIVED  
2021 DEC 13 AM 11:00  
CORPORATIONS DIVISION

FILED

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 617, F.S., (Not for Profit)

2021 DEC -8 PM 2:46

SECRETARY OF STATE  
TALLAHASSEE, FL

**ARTICLE I NAME**

The name of the corporation shall be: The John and Jeanette Staluppi Charitable Foundation Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

Mailing address, if different is:

133 U.S. Highway One

North Palm Beach, FL 33408

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To provide financial support to such charitable organizations, as  
may be selected by the Board of Directors from time to time, that are exempt from taxation under Section  
501(c)(3) of the Internal Revenue Code of 1986, as amended.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: the directors were  
appointed by the sole incorporator.

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Jeanette Staluppi

Name and Title: John Staluppi

Address President, Treasurer and Director

Address: Secretary and Director

133 U.S. Highway One

133 U.S. Highway One

North Palm Beach, FL 33408

North Palm Beach, FL 33408

Name and Title: John Gentile

Name and Title: \_\_\_\_\_

Address Director

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

133 U.S. Highway One

North Palm Beach, FL 33408

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

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

FILED

2021 DEC -8 PM 2:46

SECRETARY OF STATE  
TALLAHASSEE, FL

Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: John Staluppi  
Address: 133 U.S. Highway One  
North Palm Beach, FL 33408

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Bernadette Kasnicki  
Address: Rivkin Radler LLP, 926 RXR Plaza  
Uniondale, NY 11556

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

/s/ Michael A. Barr, President  
Required Signature of Registered Agent

12/8/2021  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

Bernadette Kasnicki  
Required Signature of Incorporator

12/10/2021  
Date