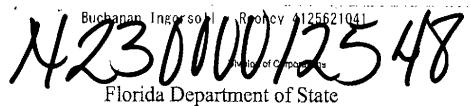
10/16/23, 9:06 AM



Division of Corporations Electronic Filing Cover Sheet

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(((H23000361103 3)))



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From:

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FLORIDA PROFIT/NON PROFIT CORPORATION

Anne L. Sislik Foundation, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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Fax Audit No. H23000361103 3

COVER LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Tallahassee, FL 32314	•		
SUBJECT: Anne L. Sist	ik Foundation Inc.		
	(PROPOSED CORPO	Prate Name – <u>Must in</u>	CLUDE SUFFIX)
Enclosed is an original a	and one (1) copy of the Arti	cles of Incorporation and	a check for :
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fcc & Certified Copy	□ \$87.50 Filing Fee, Certified Copy & Certificate
		ADDITIONAL CO	PY REQUIRED
	Jennif or Rodriguez		
FROM:		e (Printed or typed)	_
2 South Biscayne Blvd, Suite 1500		1500	
		Address	-
•	Miami, FL 33131-1822	State State & Prince	-
	954-468-2334	lity, State & Zip	
		ne Telephona number	_
E	inail address: (to be used for f	uture annual report notification	n)

NOTE: Please provide the original and one copy of the articles.

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Fax Audit No. 1/23000361103 3

ARTICLES OF INCORPORATION

In compliance with Chapter 617, P.S., (Not for Profit)

<u>ARTICLE I</u>	PRINCIPAL OFFICE	
514	Principal <u>street</u> address: 3 Commercial Way	Mailing address, if different is:
Spr	ing Hill, FL 34606	
The purpese		itable grant-making activities by making grants to organizations that are
		enue Code of 1986, as amended (the Code).
<u></u>		
ARTICLE (MANNER OF ELECTION The man	oner in which the directors are elected and appointed:
ARTICLE ()	MANNER OF ELECTION The man	oner in which the directors are elected and appointed:
ARTICLE V	INITIAL OFFICERS AND/OR DIREC	
ARTICLE V		Name and Title:
I <i>RTICLE V</i>	INITIAL OFFICERS AND/OR DIRECT	TORS Name and Title:
ARTICLE V Name and Ti	tlo: Anne L. Sistik, Director & President 5143 Commercial Way Spring Hill, FL 34606	Name and Title: Address:
ARTICLE V Name and Ti Address	tle: Anne L. Sistik, Director & President 5143 Commercial Way	Name and Title: Name and Title:
Name and Ti	tle: Anne L. Sistik, Director & President 5143 Commercial Way Spring Hill, FL 34606 Michael J. Kierzynski, Director	Name and Title: Address:
ARTICLE V Name and Ti Address Name and Ti	tle: Anne L. Sistik, Director & President 5143 Commorcial Way Spring Hill, FL 34606 Michael J. Kierzynski, Director 5143 Commercial Way Spring Hill, FL 34606	Name and Title: Address: Name and Title: Address:
ARTICLE V Name and Ti Address Name and Ti Address	INITIAL OFFICERS AND/OR DIRECTED INITIAL OFFICERS AND/OR DIRECTED IN INITIAL OFFICERS AND INITIAL O	Name and Title: Name and Title:

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Fax Audit No. H23000361103 3

Name and Title:		Name and Title:
Address		Address:
Name and Title:		Name and Title:
Address	41-33	Address:
_		
		
APTICIFILE	DECIRTEDER ACIENT	
	REGISTERED AGENT Irida atreet address (P.O. Box NOT accep	otable) of the registered agent is:
Name:	Michael J. Kierzynski	
Address:	5143 Commercial Way	
	Spring Hill, FL 34606	
	INCORPORATOR Iress of the Incorporator is:	
	Jennifer Rodriguez	
Name:	2 South Biscayne Blvd, Suite 1500	
Address:	Miami, FL 33131-1822	
		··········
Effective date, if o	EFFECTIVE DATE: other than the date of filing:	
(If an effective de	ite is listed, the date must be specific ar	id cannot be more than five days prior or 90 days after the filing.)
	inserted in this block does not meet the up we date on the Department of State's reco	oplicable statutory filing requirements, this date will not be listed as the ords.
Having been nam certificate, I am fa	ed as registered agent to accept service millar with and accept the appointment a	of process for the above stated corporation at the place designated in this s registered agent and agree to act in this capacity
	m a CTV n	10/16/2023
	Required Signature of Registered	Agent Date
I submit this docu- the Department of	~~	n are true. I am aware that any false information submitted in a document to
ann	u hmda Sisti	10/16/2023
	Required Signature of Incor	porator Date