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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (614)573-3996

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address: mogrady@financialexecutives.org

FOREIGN PROFIT/NONPROFIT CORPORATION

Financial Executives International Incorporated

Certificate of Status	0
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Help

To:

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:

mnort in langua	or as will clearly indicate that	INCORPORATED" or "CORPORATION" or words or abbreviations of it is a corporation instead of a natural person or partnership if not so come not be used as a corporate suffix by a nonprofit corporation.)	ntnined
(If name unava	ilable in Florida, enter alternate	e corporate name adopted for the purpose of transacting business in Flo	rida)
DC		3.	
(State or cour		3. s incorporated) (FEI number, if applicable)	
12/31/1931	Date of Incorporation)	5. perpetual (Date of duration, if other than perpetual)	
(L	late of Incorporation)	(Date of duration, if other than perpetual)	
		registration. See sections 617.1501 & 617.1502, F.S. to determine penalty	. (i., k.))
			патиц.
89 Headquarte:	rs Plaza Suite 1462, Morristown	n, NJ, 07960	
		(Principal office street address)	
•			
		Current mailing address, it different)	
Name and str	S A MEMBELJIA// corporation authorized in home eet address of Florida registe CT Corporation System	O AUTOCATION FOR FINANCIAL LEADER state or country to be carried out in the state of Florida) ered agent: (P.O. Box NOT acceptable)	<u>'S</u>
Name and str	S A MEMBELJIA// corporation authorized in home eet address of Florida registe CT Corporation System	O AUTOCATION FOR FINANCIAL LEADER state or country to be carried out in the state of Florida) ered agent: (P.O. Box NOT acceptable)	5
Name and str	corporation authorized in home eet address of Florida registe CT Corporation System 1200 South Pine Island Road	O AUTOCATION FOR FINANCIAL LEADER state or country to be carried out in the state of Florida) ered agent: (P.O. Box NOT acceptable)	<u>.s</u>
Name and str	corporation authorized in home eet address of Florida registe CT Corporation System 1200 South Pine Island Road	O AUTOCATION FOR FINANCIAL LEADER state or country to be carried out in the state of Florida) ered agent: (P.O. Box NOT acceptable)	<u>.</u>
0: Name and str Name: ffice Address: 0. Registered aving been names in the raprec to	corporation authorized in home eet address of Florida registe CT Corporation System 1200 South Pine Island Road Plantation (City) I agent's acceptance: I med as registered agent and its application, I hereby acceptance with and accept the obligions for with and accept the obligions.	O AUTOCATION FOR FINANCIAL LEADER state or country to be carried out in the state of Florida) ered agent: (P.O. Box NOT acceptable)	t the place capacity of my di

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.

From: Kaity Toon

i 2.	For initial	indexing	purposes.	list names,	titles and	addresses	of the p	rimary :	officers :	and/or d	irectors (up 10 s	ix (6)
លេខ	i]:												

A. DIRECTOR Chairman Vice Chairman Director President Vice President Secretary Other:	Andrej Suskavoevic Name: 89 Headquarters Plaza Suite 1462 Morristown, NJ. 07960	□Chairman □Vice Chairman □Director □President ■Vice President □Secretary □Other:	Liliana DeVita Name: 89 Headquarters Plaza Suite 1462 Morristown, NJ, 07960 Treasurer GOther:
☐Chainnan ☐Vice Chainnan ☐Director ☐President ☐Vice President ☐Secretary ☐Other: ☐FO	Maria O'Grady Name: 89 Headquarters Plaza Suite 1462 Morristown, NJ, 07960 Treasurer Other:	☐ Chairman ☐ Vice Chairman ☐ Director ☐ President ☐ Vice President ☐ Secretary ☐ Other:	☐Treasurer
□ Director □ President □ Vice President □ Secretary □ Other: NOTE: Important Non-indexed indiv	Name: Address: Other: Other: Signature of Chairman. Vice Chairman. or any off ARIA O CAROY VE (Typed or printed name and capacity of pe	Florida Department	☐Treasurer ☐Other

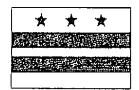
To:

Initial File #: X00728 Entity Type: Non-Profit Corporation

GOVERNMENT OF THE DISTRICT OF COLUMBIA

DEPARTMENT OF LICENSING AND CONSUMER PROTECTION CORPORATIONS DIVISION





CERTIFICATE

THIS IS TO CERTIFY that all applicable provisions of the District of Columbia Business Organizations Code (Title 29) have been complied with and accordingly, this *CERTIFICATE OF GOOD STANDING* is hereby issued to

FINANCIAL EXECUTIVES INTERNATIONAL

WE FURTHER CERTIFY that the domestic entity is formed under the law of the District on 12/31/1931; that all fees, and penalties owed to the District for entity filings collected through the Mayor have been paid and Payment is reflected in the records of the Mayor: The entity's most recent biennial report required by § 29-102.11 has been delivered for filing to the Mayor; and the entity has not been dissolved. This office does not have any information about the entity's business practices and financial standing and this certificate shall not be construed as the entity's endorsement.

IN TESTIMONY WHEREOF I have hereunto set my hand and caused the seal of this office to be affixed as of 6/17/2024 12:36 PM

الواحاة



Business and Professional Licensing Administration

Rebecca Janovich
REBECCA JANOVICH
Superintendent of Corporations.

Corporations Division