

Filing fee: \$20.00

APPLICATION FOR
CERTIFICATE OF AUTHORITY
OF

The Myasthenia Gravis Foundation, Inc.

To the Secretary of State
of the State of Rhode Island

Pursuant to the provisions of Section 7-1.1-103 of the General Laws, 1956, as amended, the undersigned corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

FIRST: The name of the corporation is The Myasthenia Gravis Foundation, Inc.

.....
The
SECOND: The name which it elects to use in Rhode Island is Myasthenia Gravis Foundation, Inc.

(If the name of the corporation does not contain the word "corporation," "company," "incorporated," or "limited," or an abbreviation of one of such words, insert the name of the corporation with the word or abbreviation which it elects to add thereto for use in Rhode Island.)

THIRD: It is incorporated under the laws of the State of New York

FOURTH: The date of its incorporation is 6 Nov, 1952 and the period of its duration is perpetual

FIFTH: The address of its principal office in the state or country under the laws of which it is incorporated is 230 Park Avenue, New York, New York 10017

SIXTH: The address of its proposed registered office in Rhode Island is 14 Nancy St. Pawtucket, Rhode Island and the name of its proposed registered agent in Rhode Island at that address is Mr. Irving Paster

SEVENTH: The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are

see page 2, attachment #1 (certified copy of Certificate of Incorporation of The Myasthenia Gravis Foundation, Inc. from the Secretary of State, State of New York.)
THE MYASTHENIA GRAVIS FOUNDATION, INC. The purposes for which this organization was founded : 1) To foster, coordinate and support research into the cause, prevention, alleviation and cure of Myasthenia Gravis.

EIGHTH: The names and respective addresses of its directors and officers are:

<u>Name</u>	<u>Office</u>	<u>Address</u>
see attachment #2	Director	
	Director	
	Director	
	President	
	Vice President	
	Secretary	
	Treasurer	

NINTH: The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

<u>Number of Shares</u>	<u>Class</u>	<u>Series</u>	<u>Par Value per Share or Statement that Shares are without Par Value</u>
None (Charitable Corporation)			

TENTH: The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

<u>Number of Shares</u>	<u>Class</u>	<u>Series</u>	<u>Par Value per Share or Statement that Shares are without Par Value</u>
None			

ELEVENTH: The amount of its stated capital as defined by §7-1.1-2 of the General Laws, 1956, as amended, is \$ see attachment #3 audited financial report

TWELFTH: An estimate of the value of all property to be owned by it for the following year, wherever located, is \$ see attachment #3 audited financial report

THIRTEENTH: An estimate of the value of its property to be located within Rhode Island during such year is \$ none

FOURTEENTH: An estimate of the gross amount of business to be transacted by it during such year is \$ see attachment #3

FIFTEENTH: An estimate of the gross amount of business to be transacted by it at or from places of business in Rhode Island during such year is \$ 10,000

SIXTEENTH: This Application is accompanied by a copy of its articles of incorporation and all amendments thereto, duly authenticated by the proper officer of the state or country under the laws of which it is incorporated. see attachment #1

Dated 13 October, 1972

The Myasthenia Gravis Foundation, Inc.
[Exact Corporate Name of Corporation Making Application]

By Murray A. Blaivas
Its President
and Robert Morton
Its Secretary

STATE OF NEW YORK }
COUNTY OF NEW YORK } Sc.

At New York City, in said County on the 13th day
of October, 1972, before me personally appeared MURRAY A.
BLAIVAS AND ROBERT MORTON, who being by me first duly sworn, declared that
~~he is~~ they are PRESIDENT AND SECRETARY of THE MYASTHENIA GRAVIS FOUNDATION, INC.
that ~~he~~ signed the foregoing document as such OFFICERS of the
corporation, and that the statements therein contained are true.

Notary Public

(NOTARIAL SEAL)

ALLAN C. CRUCKSHANKS
Notary Public, State of New York
No. 30-5669/50
Qualified in Nassau County
Certificate filed in
New York Co. Clerks Office
Term Expires March 30, 1974

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Spencer
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@ 1.03

THE MYASTHENIA GRAVIS FOUNDATION, INC.
230 Park Avenue
New York, New York 10017

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