# F09000003130

| · (Re                   | questor's Name)   |           |
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| (Cit                    | y/State/Zip/Phone | e #)      |
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| PICK-UP                 | ☐ WAIT            | MAIL      |
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| (Bu                     | siness Entity Nar | ne)       |
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| (Do                     | cument Number)    | · .       |
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| Certified Copies        | _ Certificates    | of Status |
|                         |                   |           |
| <del></del>             |                   |           |
| Special Instructions to | Filing Officer:   |           |
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Office Use Only



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TALLAHASSEE. FLORID

2P 8/6/09

### COVER LETTER

|                     | Filing Sectior<br>ion of Corpor        |   |   |  |
|---------------------|--|---|---|--|
| SUBJECT:            | GOLD                                   | CROSS INT                                   | ERNATIONAL INC                            | ORPORATED  |
| 50202011_           | -                                      | Name of Corporat                            | ion – must include suffix                 |  |
| Dear Sir or Ma      | adam:                                  |   |   |  |
|                     | Existence", an                         |   |   | ation to Conduct its Affairs in Florida", need not for profit corporation to conduct |
| Please return a     | ill corresponde                        | nce concerning this m                       | atter to the following:                   |  |
|                     | ٠ ــــــــــــــــــــــــــــــــــــ | THOMA                                       | S A. WALTERS  Name of Person              |  |
|                     |  |   | Name of Person .                          |  |
|                     |  | GOLD C                                      | ROSS INTERNAT                             | TIONAL INC.  |
|                     |  | 00 0  | ROSS INTERNAT                             |  |
|                     |  |   |   |  |
|                     | <u> </u>                               |   |   |  |
|                     |  | 1170 K                                      | EN WAY AVE. Address                       |  |
|                     |  |   | Address                                   |  |
|                     |  | DELTO                                       | VA FL 32738<br>ity/State and Zip Code     | 3  |
|                     |  | C   | ity/State and Zip Code                    |  |
|                     |  | +m gold cros                                | s@gol.com                                 |  |
|                     | E-mail ad                              | dress: (to be used for                      | future annual report notificat            | tion)  |
| For further info    | ormation conc                          | erning this matter, plea                    | ase call:                                 |  |
| THO                 | MAS A. D. Name of Per                  | NALTERS at                                  | ( 407 ) 409 ~ 4<br>Area Code & Daytime Te | 1467 lephone Number  |
| New F               | ING ADDRE                              |   | New Filing Se                             |  |
|                     | on of Corporat<br>ox 6327              | ions  | Division of Co<br>Clifton Buildi          |  |
|                     | assee, FL 3231                         | 4   |   | ve Center Circle   |
| Enclosed is a c     | heck for the fo                        | llowing amount:                             |   |  |
| <b>\$70.00</b> Fili | ng Fee\$                               | 78.75 Filing Fee &<br>Certificate of Status | \$78.75 Filing Fee & Certified Copy       | \$87.50 Filing Fee, Certificate of Status & Certified Copy                           |

## 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 GOL                    | D CROSS INTE  | RNATIONAL                | - INC.           |                          |  |
|--------------------------|---|--------------------------|------------------|--------------------------|--|
| (Name of corpora         | tion: must include the word "Ile as will clearly indicate that it | NCORPORATED" o           | r "CORPORAT      | TION" or words or abb    | previations of like  |
| in the name at pre       | sent. "Company" or "Co." may                                      | not be used as a corp    | porate suffix by | a nonprofit corporation  | on.)   |
| 2 DELA                   | WAPF  | 3                        | 27 -             | = 035540z                |  |
|                          | WARE y under the law of which it is                               |                          |                  |                          |  |
| 4. 5                     | 7/09<br>te of Incorporation)                                      | 5.                       | PERF             | TETUAL                   |  |
| (Da                      | te of Incorporation)  | (Di                      | ration: Year co  | orp. will cease to exist | or "perpetual")  |
| 6.                       | N/A   |                          |                  |                          |  |
| (Date first conduc       | ted affairs in Florida if prior to                                | egistration. See section | ns 617.1501 & (  | 617.1502, F.S, to determ | nine penalty liability.)   |
|                          |   |                          |                  |                          |  |
|                          | O KENWAY AV   | (Principal office        | address)         | <del></del>              |  |
|                          | 7 - 1/02(14/44)   | 145 277                  | maia E           | 1 37728                  |  |
|                          | 10 KENWAY A   | (Current mailing         | g address)       | <u> </u>                 |  |
|                          |   |                          |                  |                          |  |
| 8. TO PRO                | WIDE EDUCATIONAL  | LMATERIALS               | AND ASS          | ISTANCE TO H             | HOMEDUNERS   |
| (Purpose(s) of co        | YIDE EDUCATIONAL rporation authorized in home:                    | state or country to be   | carried out in t | he state of Florida)     |  |
| 9 Name and stree         | t address of Florida register                                     | ed agent: (P.O. Box      | NOT accent       | able)                    | For So   |
| y, ranto are <u>succ</u> | - uddrago or r rorrad regioner                                    |                          | ·                |                          | 9 AUG  |
| Name:                    | THOMAS A. W   | ACTENZIS                 |                  |                          | The state of the s |
|                          |   |                          |                  |                          | SSE J  |
| Office Address:          | 1170 KENWAY   | AYE.                     |                  |                          | SEE PA   |
|                          | _   |                          |                  | 3333.                    | ي بي آ   |
| -                        | DELTONA<br>(City)   | , Fl                     | lorida           | 3213B                    | PH 3: 08 SEE, FLORIDA  |
|                          | (City)  |                          |                  | (Zip code)               | OF P   |
| 10. Registered a         | gent's acceptance:  |                          |                  |                          | at a different or one  |
| designated in this       | sed as registered agent and application, I hereby accep           | ot the appointment       | as registered    | agent and agree to       | act in this capacity. I  |
| further agree to c       | omply with the provisions of with and accept the obliga           | of all statutes relati   | ve to the prop   | er and complete per      | rformance of my duties,  |
| ana i uni juniiiii       | wan and accept the ootiga   | uions oj my positio      | n us registere   | u ugem.                  |  |
|                          |   | _                        |                  |                          |  |
|                          | 7   | Comon a                  | //12/            | 1710                     |  |
|                          |   | (Registered agent'       | s signature)     | xero-                    | <del></del> .  |
|                          |   | /scopings on about       | ~ ~:B:::::::0/   |                          |  |

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:

#### A. DIRECTORS

| Chairman:       | THOMAS A. WALTERS  |                 |                  |
|-----------------|--|-----------------|------------------|
| Address:        | 1170 KENWAY AVE.   |                 |                  |
|                 | DELTONA, FL 32738  |                 |                  |
| Vice Chairman:  | MARIANELA WALTERS  | <del></del>     |                  |
| Address:        | 1170 KENWAY AUE.   |                 |                  |
| <del>-</del>    | DELTONA, FL 32738  |                 |                  |
| Director:       | JAMES L. BRASSARD  |                 |                  |
| Address:        | 11 GREYSTONE LANE, P.O. BOX 488  |                 |                  |
|                 | BRUHSWICK, ME 04011  |                 |                  |
| Director:       | PAM BRASSARD   |                 |                  |
| Address:        | 11 GREYSTONE LAWE P.O. BOX YBS   |                 |                  |
| <del></del>     | BRUMSWICK ME OYOII   |                 |                  |
| B. OFFICERS     |  |                 |                  |
| President:      | THOMAS A. WALYERS  |                 |                  |
| Address:        | 1170 KENWAY AVE.   | O9 F            | jini j           |
|                 | DELTONA, FL 32738  | ARE IS          | eneral<br>Perena |
| Vice President: | MARIANELA WALTERS  | SSE S           | e est            |
| Address:        | 1170 KENWAY AVE.   |                 | iness*           |
|                 | DELTONA FL 32738   | 3: 08<br>FLORID | 1/85/67          |
| Secretary:      | PAM BRASSARD   | <b>D</b>        |                  |
| Address:        | 11 GREYSTONE CA. BRUNSWICK, HE 04011   |                 |                  |
| Treasurer:      | THOMAS A. WALTERS  |                 |                  |
| Address:        | 1170 KENWAY AVE.   |                 |                  |
|                 | DELTONA, FL 32738  |                 |                  |
|                 | ary, you may attach an addendum to the application listing additional officers and   | or directors.   |                  |
| 13(Signa        | The Course of Chairman, Vice Chairman, or any officer listed in number 12 of the applications of the appli | ation)          |                  |
| 14              |  | -               |                  |

# Delaware

PAGE 1

#### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "GOLD CROSS INTERNATIONAL INC." IS
DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS
IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS
THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SEVENTH DAY OF
JULY, A.D. 2009.



4684739 8300

090615099

AUTHENTICATION: 7440098

DATE: 07-27-09

You may verify this certificate online at corp.delaware.gov/authver.shtml