## Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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Division of Corporations

SECOND SUBMISSION Fax Number : (850)617-6383 PLEASE HONOR THE ORIGINAL SUBMISSION

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From:

Account Name

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### FOREIGN PROFIT/NONPROFIT CORPORATION

Helping Hands for GAND, Inc.

Certificate of Status	0
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October 27, 2015

FLORIDA DEPARTMENT OF STATE

Division of Corporations

INCORPORATING SERVICES FL

VIA FAX

SUBJECT: HELPING HANDS FOR GAND, INC.

REF: W15000071002

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

THE APPLICATION REFERENCED "SEE ATTACRED" ON LINE 8 AND ALSO ON OFFICER DIRECTOR PAGE AND THERE WAS NO ATTACHMENT INCLUDED IN FILING,

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) 245-6051.

Stacey M Mason Regulatory Specialist II FAX Aud. #: H15000255804 Letter Number: 515A00022660

HECENED

15 007 27 AM II: 12
SECTION OF STATE
ALCHARACTURES

P.O BOX 6327 - Tallahassec, Florida 32314

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# 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:

	<b>'è</b>	*		
2. (State or cou	ntry under the law of which it is incorporated)	3. (PBI numbi	er, if applicable)	
4, 9/16/2015	5	5 perpetual		,
•	Date of Incorporation)	(Duration: Year corp. wi	ill cease to exist or "perpet	nel")
6. N/A				
(Date first cond	ucted affairs in Florida if prior to registration. S	ce sections 617.1501 & 617.1:	502, F.S. to determine pena	ty liability.)
7 P.O. Box	<del>r 160, Niceville, FL 3258</del> 8	931 Lake	Amick Or	· Nicevill, Fl
		d office address)		39518
P.O. Box	( 160, Niceville, FL 32588			
		nt mailing address)		<u></u>
8. See Att	ached.	ry to be carried out in the stat	e of Florida)	<del></del>
;. · ~~.				
, , , , , , , , , , , , , , , , , , , ,	cet address of Florida registered agent: (1	P.O. Box NOT acceptable)	property from the control of the con	
9. Name and str	ret address of Florida registered agent: (F Jennifer Martin	P.O. Box <u>NOT</u> acceptable)	'	tradega meg by g commune gant comm
9. Name and <u>str</u> Name:		P.O. Box <u>NOT</u> acceptable)	15 00T 26	CHAPTER BOY CHAPTE
9. Name and <u>str</u> Name:	Jennifer Martin	P.O. Box <u>NOT</u> acceptable), Florida 32578	'	CAST MEN

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 of other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

(Régistered agent's signature)

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12. Names and addresses of officers and/or directors

A. DIRECTORS		
Chairman: See Attached		
Address:	• •	
	•	
Vice Chairman;		<u> </u>
Address:		<del>,, </del>
Director:		
Address:		
Director:	· ·	
	<u>25</u> (7)	22
Address;	126	8 1
D 070000000	\$42.5	2
B. OFFICERS	ng sa Tito	5
President:		چ ک
Address:	San Property	54
Vice Binrident		<del></del>
Vice President:		
Address:		
Standani	•	~
Secretary: Address:		<del></del>
Treasurer:		
Address:		· · · · · · · · · · · · · · · · · · ·
- Autor Sayon		
NOTE: If necessary, you may attach an addendum to the application list	sting additional officers and/o	r directors.
13. (Signature of Chairman, Vice Chairman, or any officer listed	in number 12 of the applicat	ion)
Jennifer Martin, President	en umañoi is ar me abbiten	ava;
19	Maries and a service	<del></del>

State of Florida Application by Foreign Not For Profit Corporation Helping Hands for GAND, Inc.

#### Item 8

Helping Hands for GAND, Inc. was formed to promote and increase community awareness of GATAD2B-Associated Neurodevelopmental Disorder (GAND) and the need for research and development of medical treatments for individuals with GAND through the dissemination of information to the general public; to raise funds to support such activities; and to make grants, loans or other distributions for any of the purposes described in Section 170 (c)(1) or (2)(B) of the Internal Revenue Code (the "Code"). Notwithstanding any other provisions of this certificate, the Corporation shall not conduct or carry on any activities not permitted to be conducted or carried on by an organization exempt under Section 501(c)(3) of the Code.

#### Item 12

Jennifer Martin 831 Lake Amick Dr. Niceville, FL 32578 President/ Treasurer/ Director

Colleen Parker 51 Locust St.

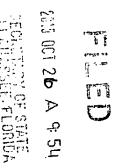
Vice President/ Director

Garden City, NY 11530

Mindy Youngs

Secretary/Director

Mindy Youngs 661 Coronado Place Oxnard, CA 93030



# Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "HELPING HANDS FOR GAND, 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-SIXTH DAY OF OCTOBER, A.D.

2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CORPORATION IS AN EXEMPT CORPORATION.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HELPING HANDS FOR GAND, INC." WAS INCORPORATED ON THE SIXTEENTH DAY OF SEPTEMBER, A.D. 2015.

Authentication: 10299028

Date: 10-26-15

10.

5825359 8300C

SR# 20150641556

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