F/6000002396

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
W16-21600
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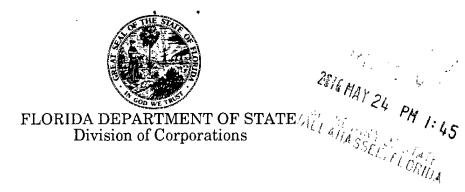
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FILED

16 MAY 24 PN 1: 31

SECRETARY OF STATE
SECRETARY OF STATE

</al>



March 23, 2016

LINA ABUJABER-AMMARI 1300 NORTH OCEAN BLVD, APT. 104 POMPANO BEACH, FL 33062

SUBJECT: GLOBAL PARENTING INITIATIVES, INC

Ref. Number: W16000021600

We have received your document for GLOBAL PARENTING INITIATIVES, INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

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.

Dionne M Scott Regulatory Specialist II

Letter Number: 716A00005926

16 KAY 24 PN 1: 31 SECRETARY OF STATE SECRETARY OF STATE

COVER LETTER

_	iration Se								
SUBJECT:		renting Initiatives							
SUBJECT:		Name of corporation - must include suffix							
Dear Sir or M	adam:								
"Certificate of	f Existenc	ion by Foreign Corpo e," or "Certificate of n corporation to trans	Good Stand	ding" a	nd check are				
	•	ondence concerning	this matter	to the	following:		1		
Linda Abujabe	r-Ammari							<u></u>	
Global Parentin	ng Initiativ	es, Inc	Name of F	Person				西西2	
			Firm/Com	pany	···		in in		
1300 North Oc	ean Blvd,	Apt 104						15.72	
		_ -	Addre	ss				<u> </u>	
Pompano Beac	ch, Florida	33062					Ĭ	>	
		C	ity/State an	d Zip	code				
babydoc46@y	ahoo.com								
		E-mail address: (to	be used for	or futu	re annual rep	ort notifi	ication)		
For further in	formation	concerning this matte	er, please c	all:					
Linda Abujabe	er-Ammari	at (954	993	7955			_	
Nam	e of Perso	n	Area Code	•	Daytime T	elephone	Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314					
Enclosed is a	check for	the following amoun	::						
= \$70.00 Fil	ling Fee	□ \$78.75 Filing For Certificate of S			5 Filing Fee fied Copy	& =	\$87.50 Filin Certificate Certified C	of Status &	

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1.	Global Parenting Initiatives, Inc-
	(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")
	Ask Dr Linda
	(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2.	Wyoming 3
	(State or country under the law of which it is incorporated) (FEI number, if applicable)
4.	December 1, 2015 5
	(Date of incorporation) (Date of duration, if other than perpetual)
6.	Have not started yet
	(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7.	1300 North Ocean Blvd apt 104 Pompano Beach Florida 33062
	(Principal office address)
	(Current mailing address, if different)
8.	Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)
	Name: Linda Aby Jaber Ammari
0	ffice Address: 1300 N. Ocean blydapt 104
	Mame: Linda Abu Jaber Ammari Mice Address: 1300 N Ocean 61V dapt 10 Y Pompano Beach, Florida 33060 (City) (Zip code)

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

10. 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.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Linda Abujaber-Ammari Chairman: 1300 North Ocean blvd Apt 104 Pompano Beach Florida 33062 Address: Linda Abujaber-Ammari Vice Chairman: ___ Address: ______ Linda Abujaber-Ammari Director: Address: Director: Address: _ **B. OFFICERS** Linda Abujaber-Ammari President: Address: Linda Abujaber-Ammari Vice President: Address: _____ Secretary: Address: Treasurer: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Linda Abujaber-Ammari President and owner.

STATE OF WYOMING Office of the Secretary of State

I, ED MURRAY, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

Global Parenting Initiatives, Inc.

is a **Profit Corporation**

formed or qualified under the laws of Wyoming did on **December 1, 2015**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2015-000700715**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 9th day of March, 2016 at 10:20 AM. This certificate is assigned 019653530.



Secretary of State

16 MAY 24 PM 1: 31
SECRETARY OF STATE
SECRETARY OF STATE

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.