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17 JAN 13 PM 3:41

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O SIMMONS

JAN 17 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 29, 2016

DORA SOMMA
TWO ALHAMBRA PLAZA, STE 1040
CORAL GABLES, FL 33134

SUBJECT: GOOD GIFTS FOUNDATION, INC.
Ref. Number: W16000086745

RECEIVED
2017 JAN 13 PM 4:36
STATE DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

We have received your document for GOOD GIFTS FOUNDATION, 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 document must contain a statement containing the purpose(s) authorized by the jurisdiction of its incorporation, of which it intends to pursue in this state, pursuant to 617.1503(d), Florida Statutes.

Please return the corrected original and one copy of 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.

Octavia I Simmons
Regulatory Specialist II
Registration Section

Letter Number: 616A00027697

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Good Gifts Foundation, Inc.
Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Dora Somma

Name of Person

AFO, LLC

Firm/Company

Two Alhambra Plaza, Suite 1040

Address

Coral Gables, FL 33134

City/State and Zip Code

dsomma@afolc.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dora Somma

Name of Person

at (786)

Area Code

270-3722

Daytime Telephone Number

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & 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:*

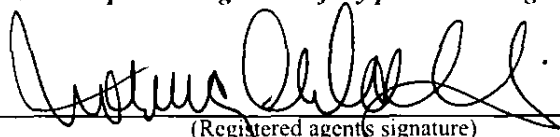
1. Good Gifts Foundation, Inc
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)
- (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. North Carolina 3. 45-2049616
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. May 3, 2011 5. _____
(Date of Incorporation) (Date of duration, if other than perpetual)
6. _____
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)
7. Two Alhambra Plaza, Suite 1040, Coral Gables, FL 33134
(Principal office address)
- _____
(Current mailing address, if different)
8. Grow produce/livestock using environmentally-friendly farming and donate items to indigent individuals or organizations.
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)
- Name: Norma Castillo
- Office Address: Two Alhambra Plaza, Suite 1040
Coral Gables, Florida 33134
(City) (Zip Code)

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17 JAN 13 PM 3:41

10. 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)

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: Richard Kohan

Address: Two Alhambra Plaza, Suite 1040

Coral Gables, FL 33134

Vice Chairman: _____

Address: _____

Director: Dora Somma

Address: Two Alhambra Plaza, Suite 1040

Coral Gables, FL 33134

Director: Norma Castillo

Address: Two Alhambra Plaza, Suite 1040

Coral Gables, FL 33134

B. OFFICERS

President: Richard Kohan

Address: Two Alhambra Plaza, Suite 1040, Coral Gables, FL 33134

Vice President: _____

Address: _____

Secretary: Norma M. Castillo

Address: Two Alhambra Plaza, Suite 1040, Coral Gables, FL 33134

Treasurer: Dora Somma

Address: Two Alhambra Plaza, Suite 1040, Coral Gables, FL 33134

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. _____

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Dora Somma, Director

(Typed or printed name and capacity of person signing application)

FILED
17 JAN 18 PM 3:41
CLERK OF COURT
JAN 18 2018



NORTH CAROLINA

Department of the Secretary of State

CERTIFICATE OF EXISTENCE

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

GOOD GIFTS FOUNDATION

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 3rd day of May, 2011, with its period of duration being Perpetual.

I FURTHER certify that the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Nonprofit Corporation Act; and that the said corporation has not filed articles of dissolution as of the date of this certificate.



Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 22nd day of December, 2016.

Elaine F. Marshall

Secretary of State