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COVER LETTER

Division of Corporations
SUBJECT: ONE SOUL CHARITY FOUNDATION
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:
ARTHUR SPILIOS, GENERAL MANAGER
Name of Person
CLUBHOUSE AT OAK HARBOR, LLC
Firm/Company
4755 SOUTH HARBOR DRIVE
Address
VERO BEACH, FL 32966
City/State and Zip Code
ASPILIOS@OAKHARBORFL.COM
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
ARTHUR SPILIOS 772 562-3808 at ()
Name of Person Area Code 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 \$\Bigcup \text{\$\sigma} \$\s

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:

ONE SOUL O	CHARITY FOUNDATION CORPORATION			
(Name of corpo import in langua in the name at p	ration; must include the word "INCORPORATED" or "CORPORATION" or words or abbruge as will clearly indicate that it is a corporation instead of a natural person or partnership if resent. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation	viation not so	ns of lik contair	e ied
(If name unava	ilable in Florida, enter alternate corporate name adopted for the purpose of transacting busing	less in	Florida)	_
DELAWARE 2.	81-0792952			
(State or cour	atry under the law of which it is incorporated) 3. (FEI number, if applicable)			_
(I	Date of Incorporation) 5. (Date of duration, if other than personal duration)	erpetua	ıl)	_
N/A 6.				
(Date first cond	acted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S, to determ	ine per	ialty lial	bility.)
	MONICA BLVD STE 130 LOS ANGELES, CA 90025-0329			
/	(Principal office address)			-
SAME				
	(Current mailing address, if different)			-
SCHOLARSH 8. OTHER 501(C (Purpose(s) of	IPS FOR NEEDY COLLEGE STUDENTS, PHILANTHROPIC RELIEF OF POOR, DON. 13) OR GANIZATIONS Corporation authorized in home state or country to be carried out in the state of Florida)	ATION	IS TO	_
9. Name and str	eet address of Florida registered agent: (P.O. Box NOT acceptable)	edgi eye	不認	*# * *4 ** !
Name:	ARTHUR SPILIOS	14	53	, mare 454
Office Address:	4755 SOUTH HARBOR DRIVE	;	3	
Office Hagness.	VERO BEACH , Florida 32967 (City) (Zip Code)		جانبوردین جستیرین ۴ ۴	4 10.1
	(City) (Zip Code)	,	င္သာ	
Having been na designated in th further agree to duties, and I am	agent's acceptance: med as registered agent and to accept service of process for the above stated corp is application, I hereby accept the appointment as registered agent and agree to a comply with the provisions of all statutes relative to the proper and complete per familiar with and accept the obligations of my position as registered agent.	ict in t	this cap	pacity. I
	(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:	
Address:	
Vice Chairman:	
Address:	
Director:	
Address:	
Director;	and the
Address:	
B. OFFICERS JEFFREY DAMAVANDI - CHIEF EXECUTIVE OFFICER	. =
President: 10585 SANTA MONICA BLVD STE 103	. <u> </u>
Address: LOS ANGELES, CA 90025-0329	
Vice President:	
Address:	
HANA DAMAVANDI - SECRETARY/CHIEF FINANCIAL OFFICER	
Secretary: 10585 SANTA MONICA BLVD STE 103 LOS ANGELES, CA 90025-0329	<u> </u>
Address:	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing additional officers a	and/or directors.
13. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the app	lication)
JEFF DAMAVANDI - CHIEF EXECUTIVE OFFICER (Typed or printed name and capacity of person signing application)	
/ At the real and the real of the fact of the second of th	



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

DELAWARE, DO HEREBY CERTIFY "ONE SOUL CHARITY FOUNDATION" 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 SIXTH DAY OF MARCH, A.D. 2017.

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

Jarring W. Buildes, Secretary of State

Authentication: 202148010

Date: 03-06-17