# F18000003345

(F	Requestor's Name)			
	Address)			
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(0	City/State/Zip/Phone #)			
PICK-UP	☐ WAIT ☐ MAIL			
(8	Business Entity Name)			
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SECRETARY OF STATE
SECRETARY OF STATE

## **COVER LETTER**

TO:	TO: Registration Section Division of Corporations				
SUBJ	ECT:	American Name of Corporation	Geerz for Life on - must include suffix	ie, Inc.	
Dear S	Sir or Madam:	-			
Affairs	s in Florida", "Ce	ion by Foreign Not for Profi rtificate of Existence", or "C enced not for profit corporati	Certificate of Status" and che	eck are submitted to	
Please	return all corresp	oondence concerning this ma	atter to the following:		
		Jessie Name o	BrownStein f Person		
Gee-7 Firm/Company					
	3	900 Narth Hi	ills Orive Apt	<u>.302</u>	
		tolly wood, FL City/State a	330入\ nd Zip Code		
	—————————————————————————————————————	Tessieh(cl)(nail address: (to be used for	(W. gmail, Com Tuture annual report notifica	tion)	
For fu	rther information	concerning this matter, plea	se call:		
	essie Bro Name o	of Person at (	561 632- Area Code Daytime Tele	7586 ephone Number	
	MAILING AD Registration Se Division of Cor P.O. Box 6327 Tallahassee, FL	ction porations	Registration S Division of Co Clifton Buildi	orporations ng 'e Center Circle	
,		the following amount:			
<b>2</b> \$7	0.00 Filing Fec	☐\$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fec, 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. American Geerz for Life, 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. (State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 10/07/2015 5. (Date of Incorporation) 5.
6. (Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)
7. 3900 North Hills Drue Apt. 302 Hollywood, FL 330; (Principal office address)
(Current mailing address, if different)  8. To expand and on offers chool programs for at 756 years (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)
8. To expand and on offers chool programs for at 756 years (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)
Name: Jessie Brownstein
Name: Jessie Brownstein  Office Address: 3 fou North Hills Drive Apt. 302  Hollywood, Florida 33021 (Zip Code)
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:	
Address:	
Vice Chairman:	
Address:	
Director:	
Address:	
Director:	
Address:	THE T
B. OFFICERS	SSEE OF THE
President:	5 m
Address:	
Vice President:	
9345 Riviera Hills Drive, Greenwood Village Colorado 80111 Address:	<del> </del>
Neil Olesky Freasurer:	
9345 Riviera Hills Drive, Greenwood Village Colorado 80111	
NOTE: If necessary, you may attach an addendum to the application listing additional o	fficers and/or directors.
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of Neil Olesky (officer)	the application)
(Typed or printed name and capacity of person signing applicati	on)

# OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

#### CERTIFICATE OF FACT OF GOOD STANDING

I, Wayne W. Williams, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office.

American Geerz for Life, Inc.

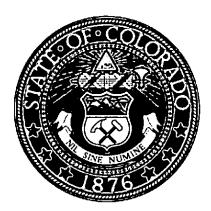
#### is a

#### Nonprofit Corporation

formed or registered on 10/07/2015 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20151653427.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 05/22/2018 that have been posted, and by documents delivered to this office electronically through 05/23/2018 @ 11:38:38.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 05/23/2018 @ 11:38:38 in accordance with applicable law. This certificate is assigned Confirmation Number 10916724



Nayred Williams

Secretary of State of the State of Colorado

\*\*\*\*\*\*\*\*\*\*End of Certificate\*\*\*\*\*\*\*\*\*

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, http://www.sos.state.co.us/biz/CertificateSearchCriteria.do entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http://www.sos.state.co.us/click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."