

F18000005129

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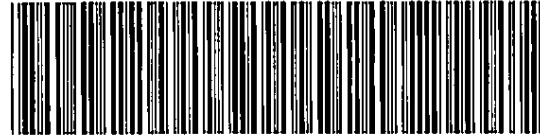
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W18-96012
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SECRETARY OF STATE
TALLAHASSEE, FL

NOV - 8

S. PRATHER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 31, 2018

SCOTT M. MARCELLO
2420 DODGE DRIVE
DAYTONA BEACH, FL 32118

SUBJECT: AFRICAN MISSION HEALTHCARE FOUNDATION
Ref. Number: W18000096012

We have received your document for AFRICAN MISSION HEALTHCARE FOUNDATION and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

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) 245-6900.

Stacy Prather
Regulatory Specialist III

Letter Number: 318A00022520

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: African Mission Healthcare 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:

Scott m. marcello
Name of Person

African Mission Healthcare Foundation
Firm/Company

2420 Dodge Drive

Address

Daytona Beach, FL 32118
City/State and Zip Code

scott.marcello@amhf.us
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Scott marcello at (614) 570-9879
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 ☒ \$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. African Mission Healthcare Foundation, Incorporated
(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. Delaware 3. 27-3663856
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. December 14, 2010 5. _____
(Date of Incorporation) (Date of duration, if other than perpetual)

6. Not Applicable
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S., to determine penalty liability.)

7. 101 North Woodland Boulevard, DeBord FL 32720
(Principal office address)

(Current mailing address, if different)

8. African Mission Healthcare exists to strengthen mission hospitals in Sub-Saharan Africa to help those people in greatest need. Activities in Florida will include overall management, oversight of care operations, and fund raising and donor development activities.
(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: Scott M. Mareello

Office Address: 2420 Dodge Drive

Daytona Beach, Florida 32118
(City) (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.

Scott M. Mareello
(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.

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TALLAHASSEE FL

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12. Names and addresses of officers and/or directors

A. DIRECTORS

Chairman: Mark Lee Gerson
Address: 60 East 42nd Street, Third Floor
New York, NY 10165
Vice Chairman: Jon Frederic Fielder
Address: 20222 Altai Terrace Drive
Spring, TX 77379
Director: Pavi Thomas
Address: 7413 Maxtown Road
Westerville, OH 43082
Director: (See additional Page for 3 additional Board members)
Address: _____

B. OFFICERS

President: Scott M. Marcello
Address: 2420 Dodge Drive
Daytona Beach, FL 32118
Vice President: Jonathan Muliindi
Address: 13922 Pendleton mills Court
Fort Wayne, IN 46814
Secretary: ~~Pat~~ Vice President, Development: Claire Costanzo
Address: 112 Jennings Street, Franklin, TN 37064
Treasurer: Pavi Thomas
Address: 7413 Maxtown Road, Westerville, OH 43082

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SECRETARY OF STATE
TALLAHASSEE, FL

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

13. Scott M. Marcello
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
14. Scott M. Marcello, President, African Mission Healthcare Foundation
(Typed or printed name and capacity of person signing application)

Addendum

12. Names and addresses of officers and/or directors

A. DIRECTORS

Director
Chairman: Sean Fidler
Address: 623 Fifth Avenue, 27th Floor
New York, NY 10022
Director
Vice Chairman: Greg Arguette
Address: 482 Newport Way North West
Issaquah, WA 98027
Director: Aaron Greenblatt
Address: 301 Helen Street
South Plainfield, NJ 07080
Director:
Address:

B. OFFICERS

President:
Address:
Vice President:
Address:
Secretary:
Address:
Treasurer:
Address:

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

13. Scott M. Marcella
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
14. Scott M. Marcella, President, African Mission Healthcare Foundation
(Typed or printed name and capacity of person signing application)

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "AFRICAN MISSION HEALTHCARE 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 NINTH DAY OF OCTOBER, A.D.
2018.

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



4879607 8300C

SR# 20187030004

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

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 203574055

Date: 10-09-18

Delaware

The First State

Page 1

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



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