

FL000003120

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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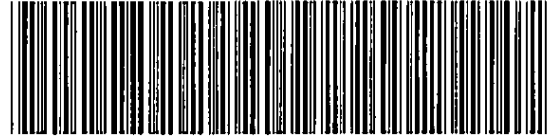
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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AUG 13 2019

FLORIDA FILING & SEARCH SERVICES, INC.

**P.O. BOX 10662 TALLAHASSEE, FL 32302
155 Office Plaza Dr Ste A Tallahassee FL 32301
PHONE: (800) 435-9371; FAX: (866) 860-8395**

DATE: 8/12/19

NAME: THE GOOD SHEPHERD FUND INC.

TYPE OF FILING: APPLICATION

COST: 70.00

RETURN: PLAIN COPY PLEASE

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2019 AUG 12 PM 4:20
TALLAHASSEE, FLORIDA

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Abbie Hodge

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Good Shepherd Fund

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:

George Costalas

Name of Person

Secured Alliance, Inc.

Firm/Company

4747 E. Elliot Road, Ste 29-217

Address

Phoenix, AZ 85044

City/State and Zip Code

GCostalas@SecuredAlliance.org

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

For further information concerning this matter, please call:

George K. Costalas

480

725-1817

Name of Person

at (_____) _____
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:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$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. The Good Shepherd Fund, 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. California 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. July 9, 1970 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. 1641 N. First Street, Suite 155, San Jose, CA 95122
(Principal office street address)

1641 N. First Street, Suite 155, San Jose, CA 95122
(Current mailing address, if different)

8. Serving as Trustees/Conservator/Guardian for Special Needs Trust across the United States.
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

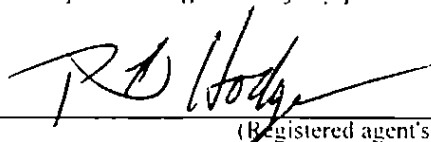
9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: Florida Filing and Search Services, Inc.

Office Address: 155 Office Plaza Drive
Tallahassee, Florida 323011
(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.



(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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

☐ Chairman Name: Tom P. Avramis
☐ Vice Chairman Address: SA/GSF
☒ Director 4747 E. Elliot Road, Ste. 29-217
☒ President Phoenix, AZ 85044
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other: _____ ☐ Other: _____

☒ Chairman Name: David Johnson
☐ Vice Chairman Address: GSF
☐ Director 1641 N. 1st St., Ste. 155
☐ President San Jose, CA 95112
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Art Larson
☐ Vice Chairman Address: GSF
☒ Director 1641 N. 1st St., Ste. 155
☐ President San Jose, CA 95112
☐ Vice President _____
☒ Secretary _____ ☐ Treasurer _____
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Nate Schnackenberg
☐ Vice Chairman Address: SA/GSF
☐ Director 4747 E. Elliot Rd., Ste. 29-217
☐ President Phoenix, AZ 85044
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☒ Other: COO _____ ☐ Other: _____

☐ Chairman Name: Trevor Patterson
☒ Vice Chairman Address: GSF
☐ Director 1641 N. 1st St., Ste. 155
☐ President San Jose, CA 95112
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Reuben Helick
☐ Vice Chairman Address: GSF
☒ Director 1641 N. 1st St., Ste. 155
☐ President San Jose, CA 95112
☐ Vice President _____
☐ Secretary _____ ☒ Treasurer _____
☐ Other: _____ ☐ Other: _____

NOTE: Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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

14. Nathan Schnackenberg, COO
(Typed or printed name and capacity of person signing application)

State of California

Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

THE GOOD SHEPHERD FUND

FILE NUMBER: C0602623
FORMATION DATE: 07/09/1970
TYPE: DOMESTIC NONPROFIT CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

2019 AUG 12 PM 4:20
FALLASSEE, FLORIDA

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of August 01, 2019.

ALEX PADILLA
Secretary of State