

(Requestor's Name)
(Address)
Visiting,
(Address)
(City/State/Zip/Phone #)
(City/State/Zip/Filotie #)
PICK-UP WAIT MAIL
(Darison Fred Marra)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
and Reject wa 0000003160
and he ject
12200000031/6
waroowsaa
1100001.5536
W19000108535
10
Office Use Only



700337126327

700337126327 11/19/19--01015--004 **70.00

2020 FEB 10 PM 3: 42
TALLANASSEEJ FLONIDA

 $\sqrt{}$

45



December 14, 2019

DADA RA 209 SW 11TH AVE. DELRAY BEACH, FL 33444

SUBJECT: THE CREATORS GIFT 137, INC.

Ref. Number: W19000108535

We have received your document for THE CREATORS GIFT 137, 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 be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers listed.

The name and title of the person signing the document must be noted beneath or opposite the signature.

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) 245-6051.

Yvette Scott Document Specialist II

Letter Number: 819A00025452

RECEIVED

COVER LETTER

TO: Registration Se Division of Co					
The Create	es Gift 137, Inc.				
SUBJEC't:	Name of Corporate	on must in	clude sulfix		
Dear Sir or Madam:					
Affairs in Florida", "Co	ion by Foreign Not for Profi rtificate of Existence", or "C enced not for profit corporat	Certificate of	"Status" and che	eck are submitted to	
Please return all corresp	condence concerning this ma	atter to the fo	Alowing:	20 TA	
Dada Ra	ı)20 F	
18 1-20	Name o	of Person		- (B	:
The Cre	ators Gift 137, Inc.			2020 FEB 10 PH 3:	 :
-174		ompany	BL.VI	PH 3: 42	-
+=4	#29 or #4	1-29			
We, of	Palm Blach, F.L.	dress 334 und Zip Code	11		
Thecreat	orsgift137@gmail.com	, ,			
Î-n	nail address: (to be used for	tinure annus	l report notifica	tion)	
For further information	concerning this matter, plea	iso call;			
Dada Ra	at (404	484-0504		
Name	of Person	Area Code	Daytime Tele	ephone Number	
MAHLING AE Registration So Division of Co P.O. Box 6327 Tallahassee, Fl		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		Filing Fee & ed Copy	☐ \$87.50 Filing Fo	
			RECEIVI	Certified Copy ED	

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.

If name unave	allable in Florida, enter alternate cos	posite isone adopted for the pur	pose of transacting basin	ess in Florida	a)	
Georgia		3 58-2491306 (FEI number, if applicable)				
(State or cour	ntry under the law of which it is inca	, , , , , , , , , , , , , , , , , , , ,	I number, if applicable)	•		
à	hate of Incorporation)	(Date of	5. (Date of duration, if other than perpetual)			
N/A Date first cond	ucted affairs in Florida if prior to regi	stration. See sections 617.1501 d	£ 617.1502. F.S. to determ	ine penatry lie	abālitv.	
5 60 会加了170 ⁷	Ave, Delray Reach, FL 33444	455 MOTEDAN	& AVOCNE	#560	כאַ	
かうりょ	150 OFTER DO	(Principal office address)	Nitano	734111	30	
	(Cur	ont mailing address, if different	,	<u> </u>	·	
Offering Peaux	E Techniques to develop Peace Repr	resentatives to communities at la	nder D.	2020 F		
Purpose(s) of o	compression authorized in home state	or country to be carried out in	the state of Florida)	8		
Name and <u>str</u>	ggt address of Florida registered	agent: (P.O. Box <u>NOT</u> accep	puable) Single	IO PH		
Name:	Deda Ra		· · ·	မ္က် 🗀		
ice Address:	209 SW 11th Ave		Ę,	5		
	Delray Beach	. Florida ³³⁴⁴⁴				
	(City)		(Zip Code)			

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.

्रिट्टांडावाली बहुवर्गा 5 अहा कहा है।

A. DIRECTORS	
Dr. Congan Malloy Chairman:	
4015 Adeline St	
Address: = Emeryville, CA 94608	· .• ·· · · · · · · · · · · · · · · · ·
	 •
Vice Chairman:	
Address:	
Doda Rá Director:	, gyddiddir - e ddiaeth
455 Moreland Ave NE	
Atlanta, GA 30307	
	-
Director:	
Address:	2020 7ĀĒŽ
	20 FEB
B. OFFICERS	SS
President:	- 17
Address:	
	£2
Vice President:	
Address:	· · · · · · · · · · · · · · · · · · ·
Dwana Makaba	- 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
Secretary	
217 Vine St, Slidell, LA 70460 Address:	
Tiffany Amos	
PO Box 5600, Atlanta, GA 31107 Address:	
NOTE: Recessary, you may attach an addendum to the application listing additi	onal officers and/or directors.
13. (Signature of Chairman, Vice Chairman, or any officer listed in number	e 12 of the application)
COZICALI ALALIAN	
(Typed or printed numbe and capacity of person signing ar	optication)

12. Names and addresses of others at

Control Number: K938923

STATE OF GEORGIA

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Brad Raffensperger, the Secretary of State of the State of Georgia, do hereby certify under the scal of my office that

THE CREATORS GIFT 137, INC.

a Domestic Nonprofit Corporation

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number | 18179422 Oute too/Auth/Filed | 00/17/1999 Jurisdiction | Goorgia Print Date | 11/13/2019

Form Number : 211



Bred Rafferspage

Brad Raffensperger Secretary of State