# F2000004845

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
(Business Entity Name)	
(Document Number)	
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	INC.			236 East 6th Avenue. Tallahassee, Florida 32303 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666		
				WALK IN		
			PICK UP	2: <u>10/28 Glinda</u>		
		CERTIFIE	D COPY			
	XX	рнотосо	)PY			
		CUS				
	XX	FILING		Foreign Corp		
1.		GOOD360, IN	C. HE AND DOCUMENT	#)		
2.		(CORPORATE NAM	1E AND DOCUMENT	#)		
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	ECIA STRU	L ICTIONS:				

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#### APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO **CONDUCT ITS AFFAIRS IN FLORIDA**

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#### IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER & FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

	present. "Company" or "Co." ma		
(if name unav	allable in Florida, enter alternate	e corporate name adopted for the purpose of transacting bu	isiness in Florida)
٧٨		3, 54-1282616	
	intry under the law of which it is	s incorporated) [FE] number, if applicable	1
3/13/1984	=		
(	Date of Incorporation)	5 (Date of duration, if other than	perpetual)
·	•••		
(Date first con	lucted affairs in Florida II prior to	registration. See sections 617.1501 & 617.1502, F.S. to deter	mine penalty liability.)
675 N. Washi	ngton St Suite 330 Alexandria, V	VA 22314	
		(Principal office street address)	<b></b> .
	·	Current mailing address, if different)	
	(K	when maning address, it different)	
Nonprofit con	poration is the global leader in pr	roduct philanthropy and purposeful giving	- 
(Purpose(s) of	corporation authorized in home s	roduct philanthropy and purposeful giving. state or country to be carried out in the state of Florida.	
	eet address of Florida register	red agent: (P.O. Box NOT acceptable)	UC1
			in the second se
Name and str	Comparison Service Company		<u>(11-</u> CO)
Name and <u>st</u> r Name:	Corporation Service Company		<u> </u>
Name and <u>st</u> r Name:	Corporation Service Company 1201 Hays Street		
Name and str Name:		, Florida <u>32031</u> (Zip Code)	ELELAN AH 9

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.

Corporation Service Company	V. D
By:	the to a
H)H	egistered 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

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A. DIRECTO	Matthew Connely		Michael Avis
□Chairman	Name:	Chairman	Name:
🗆 Vice Chairman	Address: 75 N. Washington St Suite 330	🗆 Vice Chairman	675 N. Washington St Suite 330 Address:
Director	Alexandria, VA 22314	Director	Alexandria, VA 22314
President		President	
□Vice President	···	C Vice President	
		Secretary	
CEO CEO		CFO Other:	
DChairman	See attachment for add'l directors	Chairman	Name:
∏Viœ Chairman		□Vice Chairman	Address:
BDirector		Director	·
President			
□Vice President		Vice President	
LiSecretary			
DOther:	Other:	GOther:	EiOther:
DChairman	Name:	⊡Chairman	Nwne:
Uvice Chairman	Address:	□Vice Chairman	Address:
CDirector		Director	
⊡President		President	
Uvice President		Vice President	
CiSecretary			Treasurer
DOther:	Other:	E)Other:	[] Other:

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

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(Signature untairman, Vice Chairman, or any officer listed in number 12 of the application) 14. Michael Avis, CFO

(Typed or printed name and capacity of person signing application)

#### **Good360 Directors**

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<u>Name</u>	<u>Title</u>	Mailing Address	<u>City, State, Zip</u>
Matthew Connel	y Director	675 N. Washington St Suite 330	Alexandria, VA 22314
Bob Schwartz	Director	675 N. Washington St Suite 330	Alexandria. VA 22314
Peter Resnick	Director	675 N. Washington St Suite 330	Alexandria, VA 22314
Mark White	Director	675 N. Washington St Suite 330	Alexandria, VA 22314
Maria Martinez	Director	675 N. Washington St Suite 330	Alexandria, VA 22314
Rosemarie Ryan	Director	675 N. Washington St Suite 330	Alexandria, VA 22314
John Grugan	Director	675 N. Washington St Suite 330	Alexandria, VA 22314
Howard Shermar	Director	675 N. Washington St Suite 330	Alexandria, VA 22314

## Commonwealth & Hirginia



State Corporation Commission

### CERTIFICATE OF GOOD STANDING

1 Certify the Following from the Records of the Commission:

That Good360 is duly incorporated under the law of the Commonwealth of Virginia;

That the corporation was incorporated on March 13, 1984;

That the corporation's period of duration is perpetual; and

That the corporation is in existence and in good standing in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date:

October 27, 2020

Bernard J. Logan, Interim Clerk of the Commission