## F2000001906

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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
· · · · · · · · · · · · · · · · · · ·
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<b>.</b>	9.	COVERI	ETTER 5	· *
	stration Sect		•	•
SUBJECT	AngeLink Co	ommunity Foundation		
SOBJECT:	•	Name of Corporation	n – must include suffix	<del></del>
Dear Sir or M	Madam:			
Affairs in Flo	orida", "Certi	ificate of Existence", or "Ce	Corporation for Authorization rtificate of Status" and check in to conduct its affairs in Floring to conduct	k are submitted to
Please return	all correspo	ndence concerning this matt	er to the following:	
	Gerry M. F	Poirier		
		Name of	Person	<del></del>
	AngeLink	Community Foundation		
		Firm/Co	ompany	
	1130 Cree	kside Parkway		
	Suite 1108	35		
		Addı	ress	
	Naples, FL	. 34108		
		City/State an	d Zip Code	
	gp@angeli	nk.com		
	E-ma	il address: (to be used for fu	iture annual report notificati	on)
For further in	nformation c	oncerning this matter, please	e call:	
Gerry M. Po	irier	and the second s	03 851-8866	
	Name of	Person at (	Area Code Daytime Telep	hone Number
Regi Divi P.O.	ILING ADD istration Sect sion of Corpe Box 6327 ahassee, FL 3	ion orations	STREET/COU Registration Sec Division of Cor Clifton Building 2661 Executive Tallahassee, FL	porations } Center Circle
Please make c	heck payable	to: FLORIDA DEPARTMENTS  \$78.75 Filing Fee & Certificate of Status	ST OF STATE  \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee. Certificate of Status & Certified Copy



## FLORIDA DEPARTMENT OF STATE Division of Corporations

October 5, 2020

GERRY M POIRIER 1130 CREEKSIDE PKWY STE 110835 NAPLES, FL 34108

SUBJECT: ANGELINK COMMUNITY FOUNDATION

Ref. Number: W20000113914

Dear Tracy: Enclosed is the belauce Good

Stading + (Twc.) often owners & a New

We have received your doors.

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

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 520A00019255

Mank you. Please do not having the to call me if you need hasitate to call me if you very anything else. Thank you very much! Best, 703-851-8566 www.sunbiz.org Gerry.

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## 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:

-	munity Foundation, INC.				
If name unava	ailable in Florida, enter alternate corporate name	e adopted for the purpose of transac	ting bus	iness in	Florida)
Delaware	3	85-2671534			
(State or cour	3. ntry under the law of which it is incorporated)	(FEI number, if app	olicable)		<del>-</del>
August 19, 20:	20				
(1)	20 Sate of Incorporation) 5.	(Date of duration, if oth	er than p	perpetua	l)
N/A					
Date first cond	ucted affairs in Florida if prior to registration. See	sections 617.1501 & 617.1502, F.S.	10 deteri	mine pen	alty liabilit
1130 Creeksid	e Parkway, Suite 110835, Naples, FL 34108 (Principal offi				
· · · · ·	(Principal offi	ce <u>street</u> address)			
To support wo	· · · · · ·	address, if different)	anization	ns for wo	omen.
	(Current mailing men through grants and distributions to funding corporation authorized in home state or country eet address of Florida registered agent: (P.C.)	recpients as well as charitable orga to be carried out in the state of Flor	anizatior rida) =	ns for wo	omen.
Name and <u>str</u>	men through grants and distributions to funding corporation authorized in home state or country eet address of Florida registered agent: (P.C.)	recpients as well as charitable orgato be carried out in the state of Flor  D. Box <u>NOT</u> acceptable)	<b>3</b>	ns for wo	omen.
Name and <u>str</u>	men through grants and distributions to funding corporation authorized in home state or country eet address of Florida registered agent: (P.C. Gerry M. Poirier	recpients as well as charitable orgato be carried out in the state of Flores. Box <u>NOT</u> acceptable)	12 6 7		<b>.</b>
Name and <u>str</u>	men through grants and distributions to funding corporation authorized in home state or country eet address of Florida registered agent: (P.C. Gerry M. Poirier	recpients as well as charitable orgato be carried out in the state of Flores. Box <u>NOT</u> acceptable)	12 6 7		<b>.</b>
Name and <u>str</u>	men through grants and distributions to funding corporation authorized in home state or country eet address of Florida registered agent: (P.C. Gerry M. Poirier	recpients as well as charitable orgato be carried out in the state of Flores. Box <u>NOT</u> acceptable)	12 6 7		<b>.</b>
Name and <u>str</u>	men through grants and distributions to funding corporation authorized in home state or country eet address of Florida registered agent: (P.C. Gerry M. Poirier	recpients as well as charitable orgato be carried out in the state of Flores. Box <u>NOT</u> acceptable)	12 6 7		<b>.</b>
Name and <u>str</u> Name: fice Address:	men through grants and distributions to funding corporation authorized in home state or country eet address of Florida registered agent: (P.C.)	recpients as well as charitable orgato be carried out in the state of Flores. Box <u>NOT</u> acceptable)	12 6 7		<b>.</b>

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of Tittle by the Learney of the content of what he had been parameters and 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 Name: Gerry M. Poirier □Chairman Name: ■Chairman 16610 Firenze Way Address: □Vice Chairman Address: □Vice Chairman Naples, FL □Director □Director 34110 □President □President □Vice President □Vice President □Secretary □Treasurer □Secretary □Treasurer Other:\_\_\_\_ □Other: ☐ Other:\_\_\_\_\_ ☐ Other:\_\_\_\_\_ Name: Jason Botts □Chairman □Chairman Name: \_\_\_\_\_\_ Address: 2113 Hamrick Drive □Vice Chairman □Vice Chairman Address: Raleigh, NC 27615 ■Director □Director □President □President □Vice President □Vice President □Treasurer □Secretary □Treasurer □Secretary □Other: ☐ Other:\_\_\_\_\_ ☐ Other:\_\_\_\_ ☐ Other:\_\_\_\_\_ Name: Steve Thompson □Chairman □Chairman Name: Address: 3809 Essex Garden Lane □Vice Chairman □Vice Chairman Address: \_\_\_\_ Raleigh, NC 27612 ■Director □Director □President □President □Vice President □Vice President □Secretary | □Treasurer □Treasurer □Secretary ☐ Other:\_\_\_\_ ☐ 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.

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) (Typed or printed name and capacity or person signing application)



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ANGELINK COMMUNITY 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 TWENTY-SECOND DAY OF OCTOBER, A.D.

2020.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ANGELINK COMMUNITY FOUNDATION" WAS INCORPORATED ON THE NINETEENTH DAY OF AUGUST, A.D. 2020.

Authentication: 203920051

Date: 10-22-20