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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.  
Account Number : I20090000081  
Phone : (307)200-2803  
Fax Number : (855)330-1010

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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FOREIGN PROFIT/NONPROFIT CORPORATION

Garrow Family Foundation Inc.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

FEB 15 2021

M. SOLOMON

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. Garrow Family Foundation 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. New York 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 3/27/2020 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. 7901 4th St N STE 300 St. Petersburg FL 33702  
(Principal office street address)

7901 4th St N STE 300 St. Petersburg FL 33702  
(Current mailing address, if different)

8. Private Family Foundation 501 (c)(3)  
(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: Northwest Registered Agent LLC  
Office Address: 7901 4th St N STE 300  
St. Petersburg, Florida 33702  
(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.*

Tom Glover

(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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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: Manuel V Guzman-Garrow  
☐ Vice Chairman Address: 7901 4th St N  
☒ Director STE 300  
☐ President St. Petersburg FL 33702  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: Danielle Cotter  
☐ Vice Chairman Address: 7901 4th St N  
☒ Director STE 300  
☐ President St. Petersburg FL 33702  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: Nicole Garrow  
☐ Vice Chairman Address: 7901 4th St N  
☒ Director STE 300  
☐ President St. Petersburg FL 33702  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: Pascale Garrow  
☐ Vice Chairman Address: 7901 4th St N  
☒ Director STE 300  
☐ President St. Petersburg FL 33702  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: Vincent Garrow  
☐ Vice Chairman Address: 7901 4th St N  
☒ Director STE 300  
☐ President St. Petersburg FL 33702  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: Felicia Garrow  
☐ Vice Chairman Address: 7901 4th St N  
☒ Director STE 300  
☐ President St. Petersburg FL 33702  
☐ 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. Manuel V Guzman-Garrow  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Manuel V Guzman-Garrow, Chairman, Director  
(Typed or printed name and capacity of person signing application)

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DEPT OF STATE  
CLERK OF STATE

FILED

**State of New York**  
**Department of State** } ss:

I hereby certify, that the Certificate of Incorporation of GARROW FAMILY FOUNDATION INC. was filed on 03/27/2020, as a Not-for-Profit Corporation and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.



\*\*\*

*Witness my hand and the official seal  
of the Department of State at the City  
of Albany, this 05th day of February  
two thousand and twenty-one.*

*Brendan C. Hughes*

Brendan C. Hughes  
Executive Deputy Secretary of State