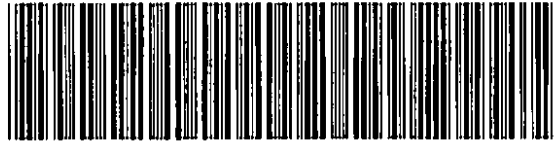


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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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JUN 11 2021
M. SOLOMON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Glioblastoma Research Organization Inc.
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:

Amber Barbach

Name of Person

Glioblastoma Research Organization Inc.

Firm/Company

2045 Biscayne Blvd

#189

Address

Miami, FL 33137

City/State and Zip Code

contact@gbmresearch.org

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

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 FLORIDA DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 1000 N. MONROE STREET
 TALLAHASSEE, FL 32303

For further information concerning this matter, please call:

Amber Barbach 786-490-9333

Name of Person at () Daytime Telephone Number

Mailing Address:
 Registration Section
 Division of Corporations
 P.O. Box 6327
 Tallahassee, FL 32314

Street Address:
 Registration Section
 Division of Corporations
 The Centre of Tallahassee
 2415 N. Monroe Street, Suite 810
 Tallahassee, FL 32303

Enclosed is a check for the following amount:

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

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee & Certified Copy | <input checked="" type="checkbox"/> \$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. Glioblastoma Research Organization 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, USA 3. 83-2388861
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. October 25, 2018 5. _____
(Date of Incorporation) (Date of duration, if other than perpetual)

6. N/A
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 2045 Biscayne Blvd
#189 (Principal office street address)
Miami, FL 33137
(Current mailing address, if different)

8. A 501(c)(3) nonprofit organization raising awareness and funds for new global, cutting-edge research to find a cure for glioblastoma.
(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: Amber Barbach
Office Address: 2045 Biscayne Blvd #189
Miami, FL 33137, Florida _____
(City) (Zip Code)

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CLERK OF STATE
TALLAHASSEE FLORIDA

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.

DocuSigned by:
Amber Barbach
#C803B821063463 (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: Amber Barbach

Vice Chairman Address: _____

Director 2045 Biscayne Blvd

President #189

Vice President Miami, FL 33137

Secretary Treasurer

Other: _____ Other: _____

Chairman Name: _____

Vice Chairman Address: _____

Director _____

President _____

Vice President _____

Secretary Treasurer

Other: _____ Other: _____

Chairman Name: Luisa Melo

Vice Chairman Address: _____

Director 2045 Biscayne Blvd

President #189

Vice President Miami, FL 33137

Secretary Treasurer

Other: _____ Other: _____

Chairman Name: _____

Vice Chairman Address: _____

Director _____

President _____

Vice President _____

Secretary Treasurer

Other: _____ Other: _____

Chairman Name: Elissa Barbach

Vice Chairman Address: _____

Director 2045 Biscayne Blvd

President #189

Vice President Miami, FL 33137

Secretary Treasurer

Other: _____ Other: _____

Chairman Name: _____

Vice Chairman Address: _____

Director _____

President _____

Vice President _____

Secretary Treasurer

Other: _____ Other: _____

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 STATE
 DEPARTMENT OF
 REVENUE

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. DocuSigned by
Amber Barbach
FC803B621063463
 Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Amber Barbach, Founder and Director
 (Typed or printed name and capacity of person signing application)

State of New York
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of GLIOBLASTOMA RESEARCH ORGANIZATION INC. was filed on 10/24/2018, under the name of GLIOBLASTOMA RESEARCH FOUNDATION INC., 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.

A Certificate of Amendment GLIOBLASTOMA RESEARCH FOUNDATION INC., changing its name to GLIOBLASTOMA RESEARCH ORGANIZATION INC., was filed 12/20/2019.



*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 14th day of May two
thousand and twenty-one.*

Brendan C. Hughes

*Brendan C Hughes
Executive Deputy Secretary of State*



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 6, 2021

AMBER BARBACH
GLIOBLASTOMA RESEARCH ORGANIZATION INC.
2045 BISCAYNE BLVD, #189
MIAMI, FL 33137

SUBJECT: GLIOBLASTOMA RESEARCH ORGANIZATION INC.
Ref. Number: W21000062529

We have received your document for GLIOBLASTOMA RESEARCH ORGANIZATION INC. and check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned to you for the following reason(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.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Mel Solomon
Senior Section Administrator

Letter Number: 821A00009538

RECEIVED
JUN 07 2021