

F2100000 4508

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

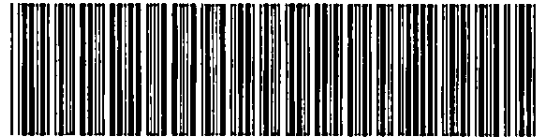
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800369287058

07/06/21--01032--016 \*\*70.00

FILED  
21 AUG 5 PM 2:30  
TALLAHASSEE, FLORIDA

wait -  
1566  
99541

TL  
8/19/21

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Global 504  
\_\_\_\_\_ 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:

Mark Broussard Jr  
\_\_\_\_\_  
Name of Person

Global 504  
\_\_\_\_\_  
Firm/Company

12005 Brewster Drive  
\_\_\_\_\_  
Address

Tampa, FL 33626  
\_\_\_\_\_  
City/State and Zip Code

Global504.mark@gmail.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PJ Broussard \_\_\_\_\_ at ( 949 ) 4448636  
Name of Person Area Code 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**

- \$70.00 Filing Fee     \$78.75 Filing Fee & Certificate of Status     \$78.75 Filing Fee & Certified Copy     \$87.50 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 13, 2021

MARK BROUSSARD JR  
12005 BREWSTER DR  
TAMPA, FL 33626

SUBJECT: GLOBAL 504 CO.  
Ref. Number: W21000099541

We have received your document for GLOBAL 504 CO. and your check(s) totaling \$70.00. 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.

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: 121A00015971

**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. Global 504 Co.  
(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.)

Hillsborough Helping Kids Co.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Louisiana 3. 47-1147369  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. October 30, 2014 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. 12005 Brewster Drive  
(Principal office street address)

\_\_\_\_\_  
(Current mailing address, if different)

8. Non-profit orphan care worldwide  
(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: Mark Broussard, Jr.

Office Address: 12005 Brewster Drive

Tampa, Florida 33626  
(City) (Zip Code)

FILED  
21 AUG -5 PM 2:31  
DEPARTMENT 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.*

Mark Broussard, Jr.  
(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: Mark Broussard, Jr.  
 Vice Chairman Address: 12005 Brewster Drive  
 Director Tampa, FL 33626  
 President \_\_\_\_\_  
 Vice President \_\_\_\_\_  
 Secretary  Treasurer  
 Other: \_\_\_\_\_  Other: \_\_\_\_\_

Chairman Name: Rev. Emanuel Smith  
 Vice Chairman Address: 2100 Martin Luther King Blvd  
 Director New Orleans, LA 70113  
 President \_\_\_\_\_  
 Vice President \_\_\_\_\_  
 Secretary  Treasurer  
 Other: Board Member  Other: \_\_\_\_\_

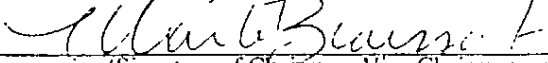
Chairman Name: P.J. Broussard  
 Vice Chairman Address: 12005 Brewster Drive  
 Director Tampa, FL 33626  
 President \_\_\_\_\_  
 Vice President \_\_\_\_\_  
 Secretary  Treasurer  
 Other: \_\_\_\_\_  Other: \_\_\_\_\_

Chairman Name: Steve Simone  
 Vice Chairman Address: 5 Miller Lane  
 Director Metairie, LA 70002  
 President \_\_\_\_\_  
 Vice President \_\_\_\_\_  
 Secretary  Treasurer  
 Other: Board Member  Other: \_\_\_\_\_

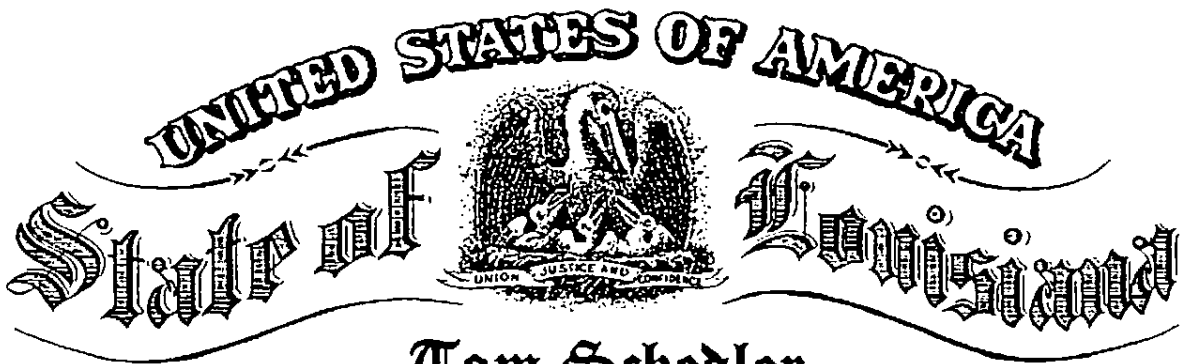
Chairman Name: Raymond Markase  
 Vice Chairman Address: 620 Newton Street  
 Director Gretna, LA 70053  
 President \_\_\_\_\_  
 Vice President \_\_\_\_\_  
 Secretary  Treasurer  
 Other: Board Member  Other: \_\_\_\_\_

Chairman Name: \_\_\_\_\_  
 Vice Chairman Address: \_\_\_\_\_  
 Director \_\_\_\_\_  
 President \_\_\_\_\_  
 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.   
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Mark Broussard, Jr. Director  
(Typed or printed name and capacity of person signing application)



**Tom Schedler**  
SECRETARY OF STATE

*As Secretary of State of the State of Louisiana I do hereby Certify that*

a copy of the Articles of Incorporation of

**GLOBAL 504**

Domiciled at GRETNA, LOUISIANA,

Was filed and recorded in this Office on June 23, 2014,

And all fees having been paid as required by law, the corporation is authorized to transact business in this State, subject to the restrictions imposed by law, including the provisions of R.S. Title 12, Chapter 2.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

June 23, 2014

*Secretary of State*



Certificate ID: 10502587#VXM73

To validate this certificate, visit the following web site, go to **Commercial Division, Certificate Validation**, then follow the instructions displayed.  
[www.sos.louisiana.gov](http://www.sos.louisiana.gov)