

F220000001141

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

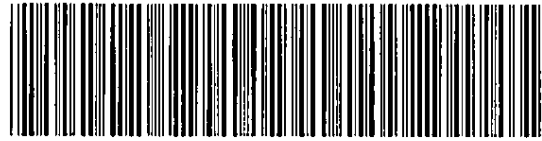
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



200378621642

FILED
2022 FEB 22 AM 11:56
S. ROBERTS
TALLAHASSEE, FL

S. ROBERTS

FEB 22 2022



COGENCYGLOBAL

115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
866.625.0838
COGENCYGLOBAL.COM

Date: **February 23, 2022**

Account#: I200000000088

Name: **GREG PINTACUDA**

Reference #: **1601741**

Entity Name: **THE JUSTIN THOMAS FOUNDATION, INC**

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

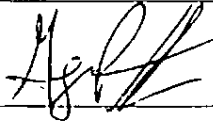
☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other _____

Keep original filing date
as submission date

Authorized Amount: **\$70**

Signature: 

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

The Justin Thomas Foundation, Inc.

1. _____
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

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

2. Kentucky 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 11/2/2018 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 13697 Artisan Circle, Palm Beach Gardens, Florida 33418

(Principal office address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Cogency Global Inc.

Office Address: 115 North Calhoun Street, Suite 4

Tallahassee, Florida 32301
(City) (Zip code)

9. 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.

/s/ Sheryl A. Gibbs

(Registered agent's signature)

10. 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.

FILED
2022 FEB 22 AM 11:56
TALLAHASSEE, FL

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Janice Thomas

Address: 13697 Artisan Circle

Palm Beach Gardens, FL 33418

Vice Chairman:

Address:

Director: Justin Thomas

Address: 13697 Artisan Circle

Palm Beach Gardens, FL 33418

Director: Michael Thomas

Address: 13697 Artisan Circle

Palm Beach Gardens, FL 33418

B. OFFICERS

President: Janice Thomas

Address: 13697 Artisan Circle

Palm Beach Gardens, FL 33418

Vice President:

Address:

Secretary: Michael Thomas

Address: 13697 Artisan Circle, Palm Beach Gardens, FL 33418

Treasurer: Michael Thomas

Address: 13697 Artisan Circle, Palm Beach Gardens, FL 33418

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. /s/ Janice Thomas

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. Janice Thomas

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

Michael G. Adams
Secretary of State
P. O. Box 718
Frankfort, KY 40602-0718
(502) 564-3490
<http://www.sos.ky.gov>

Certificate of Existence

Authentication number: 265522

Visit <https://web.sos.ky.gov/fts/certvalidate.aspx> to authenticate this certificate.

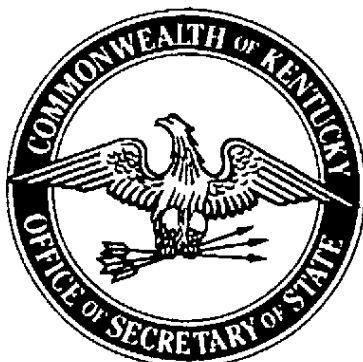
I, Michael G. Adams, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

THE JUSTIN THOMAS FOUNDATION, Inc.

is a corporation duly incorporated and existing under KRS Chapter 14A and KRS Chapter 273, whose date of incorporation is November 21, 2018 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that Articles of Dissolution have not been filed; and that the most recent annual report required by KRS 14A.6-010 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 21st day of February, 2022, in the 230th year of the Commonwealth.



Michael G. Adams

Michael G. Adams
Secretary of State
Commonwealth of Kentucky
265522/1039857