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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 : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)214-8442

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

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FOREIGN PROFIT/NONPROFIT CORPORATION

GHD Foundation (USA) Inc.

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	\$78.75

FILED

2022 FEB 25 AM 10:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2022 FEB 25 PM 3:46

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

4. Delaware 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. 4747 N. 22nd Street, Suite 200 Phoenix, AZ 85016
(Principal office street address)

(Current mailing address, if different)

8. The Foundation's exempt and charitable purposes are to provide relief of the poor and distressed and of the underprivileged, lessening neighborhood tensions, assisting in eliminating discrimination, combating community deterioration and juvenile delinquency, among other charitable purposes
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

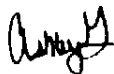
9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: United Agent Group Inc.

Office Address: 801 US Highway 1
North Palm Beach, Florida 33408
(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.



Ashley Perkins, Special Secretary

(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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 TALLAHASSEE, FLORIDA

12. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

<input type="checkbox"/> Chairman	Name: Please see attached.	<input type="checkbox"/> Chairman	Name: _____
<input type="checkbox"/> Vice Chairman	Address: _____	<input type="checkbox"/> Vice Chairman	Address: _____
<input type="checkbox"/> Director	_____	<input type="checkbox"/> Director	_____
<input type="checkbox"/> President	_____	<input type="checkbox"/> President	_____
<input type="checkbox"/> Vice President	_____	<input type="checkbox"/> Vice President	_____
<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer	<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____
 <input type="checkbox"/> Chairman	 Name: _____	 <input type="checkbox"/> Chairman	 Name: _____
 <input type="checkbox"/> Vice Chairman	 Address: _____	 <input type="checkbox"/> Vice Chairman	 Address: _____
 <input type="checkbox"/> Director	 _____	 <input type="checkbox"/> Director	 _____
 <input type="checkbox"/> President	 _____	 <input type="checkbox"/> President	 _____
 <input type="checkbox"/> Vice President	 _____	 <input type="checkbox"/> Vice President	 _____
 <input type="checkbox"/> Secretary	 <input type="checkbox"/> Treasurer	 <input type="checkbox"/> Secretary	 <input type="checkbox"/> Treasurer
 <input type="checkbox"/> Other: _____	 <input type="checkbox"/> Other: _____	 <input type="checkbox"/> Other: _____	 <input type="checkbox"/> Other: _____
 <input type="checkbox"/> Chairman	 Name: _____	 <input type="checkbox"/> Chairman	 Name: _____
 <input type="checkbox"/> Vice Chairman	 Address: _____	 <input type="checkbox"/> Vice Chairman	 Address: _____
 <input type="checkbox"/> Director	 _____	 <input type="checkbox"/> Director	 _____
 <input type="checkbox"/> President	 _____	 <input type="checkbox"/> President	 _____
 <input type="checkbox"/> Vice President	 _____	 <input type="checkbox"/> Vice President	 _____
 <input type="checkbox"/> Secretary	 <input type="checkbox"/> Treasurer	 <input type="checkbox"/> Secretary	 <input type="checkbox"/> Treasurer
 <input type="checkbox"/> Other: _____	 <input type="checkbox"/> Other: _____	 <input type="checkbox"/> Other: _____	 <input type="checkbox"/> 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. Ashley Perkins, Special Secretary for Iver A. Skavdal, President
(Typed or printed name and capacity of person signing application)

GHD Foundation (USA)

Officers and Directors

Officers:

1. Iver A. Skavdal, President - 718 Third Street, Eureka, CA 95501
2. J. Duncan Findlay, Secretary - 4747 N. 22nd Street, Suite 200, Phoenix, AZ 85016
3. Michael Moran, Treasurer - 6075 Millcreek Drive, Unit #1, Mississauga, ON L5M 5M4
4. Maria Erassova, Assistant Vice President – Tax - 2055 Niagara Falls Blvd, Niagara Falls, NY 14304

Directors:

1. Robert Knott - Level 7, 16 Marcus Clarke Street, Canberra ACT 2601
2. Ashley J. Wright - Level 10, 999 Hay Street, Perth WA 6000
3. Joanne Metcalfe - Level 7, 16 Marcus Clarke Street, Canberra ACT 2601

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GHD FOUNDATION (USA)" 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 SIXTEENTH DAY OF FEBRUARY, A.D. 2022.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GHD FOUNDATION (USA)" WAS INCORPORATED ON THE THIRTIETH DAY OF DECEMBER, A.D. 2020.



A handwritten signature in black ink, reading "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

4584831 8300C

SR# 20220542848

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202678722

Date: 02-16-22