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(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	e)
(Do	ocument Number)	
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S. FRANKLIN AUG 2 7 2022

COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJ	ECT: Ope	ration G	L.A.D.D. DADS,inc.			
3000			Name of Corpora	tion – must ir	relude suffix	
Dear S	ir or Mada	m:				
Affairs	in Florida	", "Cert	on by Foreign Not for Pro ificate of Existence", or " need not for profit corpora	Certificate of	f Status" and che	eck are submitted to
Please	return all o	orrespo	ondence concerning this n	natter to the f	ollowing:	
	M	ichael V	V. Robinson			<u>.</u>
	_		Name	of Person	,	7077
	О	peration	G.L.A.D.D. DADS Incorpo	orated		**
		-	Firmv	/Company		25
						
	_				• • •	. ?:
	8	5 Frank				<i>ယ</i>
			A	ddress		
	Ja	cksonvi	lle, FL 32206			
			City/State	and Zip Cod	e	
	mi	ketyke3	000@yahoo.com			
		E-m	ail address: (to be used fo	r future annu	al report notifica	ation)
For fur	ther inform	nation c	oncerning this matter, ple	ease call:		
Micha	el Robinson			904	4449120	
	, <u>, , , , , , , , , , , , , , , , , , </u>	lame of	Person	Area Code	Daytime Tel	ephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		porations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
Please		payable	ne following amount: to: FLORIDA DEPARTM \$78.75 Filing Fee &	□\$78.75	Filing Fee &	□\$87.50 Filing Fee.
			Certificate of Status	Certi	fied Copy	Certificate of Status & Certified Copy

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

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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:

(If name unav	ailable in Florida, enter alternate corporate name adopted for the purpose of transacting bus	iness in Florida
Georgia	3. 843823974	
	ntry under the law of which it is incorporated) (FEI number, if applicable)	
MV2020 G	7/202/ Date/of Incorporation) 5. n/a (Date of duration, if other than	
1)	Date/of Incorporation) (Date of duration, if other than	perpetual)
n/a	ucted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to deter	
Date first cond	ucted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to deter	mine penalty lia
1235 Pippin S	t, Jacksonville, FL 32206 Lot 1	
	(Principal office <u>street</u> address)	
		202
	(Current mailing address, if different)	<u></u>
		. 1
community an	d youth development	25
Purpose(s) of	corporation authorized in home state or country to be carried out in the state of Florida)	PH
Mama and str	eet address of Florida registered agent: (P.O. Box NOT acceptable)	7
Name and <u>su</u>	ect address of Florida registered agent. (F.O. Box 1401 acceptable)	2: 13
Nama	Michael W. Robinson	ω
nce Address:	Ingle-provides 22206	
	Florida 32200 (City) (Zin Code)	
Name: Tice Address:	Michael W. Robinson 815 Franklin St Jacksonville , Florida 32206 (City) (Zip Code)	

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. DIRECTOR ☐ Chairman	RS Michael Robinson Name:	Chairman	Name:	
□Vice Chairman	815 Franklin St	□Vice Chairman	Address:	
■ Director	Jacksonville, FL 32206	Director		
□President		President		
□Vice President		□Vice President		
□Secretary	□Treasurer	☐ Secretary		□Treasurer
Other:	Other:	□Other:		□Other:
□Chairman	Selina Lee Name:	Chairman	Name:	
∃Vice Chairman	Address: 1235 Pippin St	□Vice Chairman	Address:	
■Director	Jacksonville FL 32206	□Director		2023
□President		President		7
□Vice President		□Vice President		(J)
Secretary	□Treasurer	☐ Secretary		☐Treasurer ??
□Other:	Other:	Other:		□Other: ω
]Chairman	Name:	□Chairman	Name:	
∃Vice Chairman	Address:	□Vice Chairman	Address:	
Director		Director		
□President		President		
□Vice President		□Vice President		
□Secretary	□Treasurer	☐ Secretary		□Treasurer
Other:	Other:	Other:		Other:
Non-indexed indi	Notice: Use an attachment to report more viduals may be added to the index when file (Signature of Chairman, Vice Chairman, Robinson, Director	ling your Florida Department o	of State Annua	al Report form.
14	(Typed or printed name and capa	city of person signing applicat	ion)	

Control Number: 21071988

STATE OF GEORGIA

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

Operation G.L.A.D.D. Dads, Inc. a Domestic Nonprofit Corporation

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 23334987 Date Inc/Auth/Filed: 11/25/2020 Jurisdiction : Georgia Print Date : 08/04/2022

Form Number : 211



Brad Raffonsperger



July 16, 2022

MICHAEL W ROBINSON 815 FRANKLIN ST JACKSONVILLE, FL 32206 US

SUBJECT: OPERATION G.L.A.D.D. DADS INCORPORATED

Ref. Number: W22000093500

We have received your document for OPERATION G.L.A.D.D. DADS INCORPORATED 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.

Sharon D Franklin Regulatory Specialist II

Letter Number: 922A00015902

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