

F23000000684

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

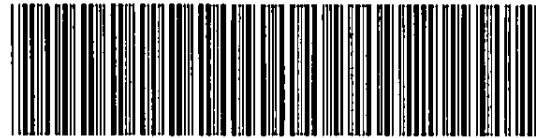
(Business Entity Name)

(Document Number)

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

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S. FRANKLIN  
FEB 06 2023

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Global International Care 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:

Zena Elliott

Name of Person

Gertsburg Licata Co., LPA

Firm/Company

600 E. Granger Road, Ste. 200

Address

Cleveland, OH 44131

City/State and Zip Code

zellott@gertsburglicata.com

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

For further information concerning this matter, please call:

Zena Elliott

Name of Person

at ( 216 )

Area Code

509-1001

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

**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 International Care 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. Ohio 3. 27-4550854  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 05/17/2010 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. 1990 NE 163 Street, Suite 102, North Miami Beach, FL 33162  
(Principal office street address)

(Current mailing address, if different)

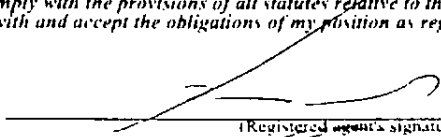
8. See enclosed Attachment for description of Corporation's purposes  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

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

Name: Leonid Slivnyak  
Office Address: 17901 Collins Ave., Unit 2503  
Sunny Isles Beach, Florida 33160  
(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.*

  
(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.

### A. DIRECTORS

☐ Chairman Name: Marya Munson  
☐ Vice Chairman Address: 1647 Collins Ave., # 51103  
☒ Director Sunny Isles Beach, FL 33160  
☒ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

<input checked="" type="checkbox"/> Chairman	Name	<u>Olga Shyniak</u>	<input type="checkbox"/> Chairman	Name	_____
<input type="checkbox"/> Vice Chairman	Address	<u>17901 Collins Ave., Unit 2503</u>	<input type="checkbox"/> Vice Chairman	Address	_____
<input checked="" type="checkbox"/> Director		<u>Sunny Isles Beach, FL 33160</u>	<input type="checkbox"/> Director		_____
<input type="checkbox"/> President		_____	<input type="checkbox"/> President		_____
<input checked="" type="checkbox"/> Vice President		_____	<input type="checkbox"/> Vice President		_____
<input type="checkbox"/> Secretary		_____	<input type="checkbox"/> Secretary		_____
<input checked="" type="checkbox"/> Treasurer		_____	<input type="checkbox"/> Treasurer		_____
<input type="checkbox"/> Other		_____	<input type="checkbox"/> Other		_____

<input checked="" type="checkbox"/> Chairman	Name	<u>Alex Baytan</u>	<input type="checkbox"/> Chairman	Name	<u>                    </u>
<input type="checkbox"/> Vice Chairman	Address	<u>600 Cross Pointe Rd., Suite B</u>	<input type="checkbox"/> Vice Chairman	Address	<u>                    </u>
<input checked="" type="checkbox"/> Director		<u>Gahanna OH 43230</u>	<input type="checkbox"/> Director		<u>                    </u>
<input type="checkbox"/> President		<u>                    </u>	<input type="checkbox"/> President		<u>                    </u>
<input type="checkbox"/> Vice President		<u>                    </u>	<input type="checkbox"/> Vice President		<u>                    </u>
<input checked="" type="checkbox"/> Secretary		<u>                    </u>	<input type="checkbox"/> Secretary		<u>                    </u>
<input type="checkbox"/> Treasurer		<u>                    </u>	<input type="checkbox"/> Treasurer		<u>                    </u>
<input type="checkbox"/> Other		<u>                    </u>	<input type="checkbox"/> Other		<u>                    </u>

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

1) Marya Manzoni, President  
 (Typed or printed name and capacity of person signing application)

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8. Purpose(s) of corporation authorized in home state to be carried out in the state of Florida:

1. To improve the health, living conditions, and quality of life of the members of the aging communities and displaced and homebound individuals, including individuals with physical disabilities or other barriers to employment, through home delivery of cooked meals and assistance with transportation and language barriers for other basic life necessities related to medical care, food, and personal needs;
2. To accept, solicit, receive, hold, and otherwise use funds and property gifted or furnished by the public at large to carry out the Corporation's purposes; and
3. To do whatever is deemed necessary, useful, or otherwise in furtherance of carrying out the foregoing charitable purposes which may be permitted under Section 501(c)(3) of the Code and the related Regulations, as they now exist or may hereafter be amended.

177

UNITED STATES OF AMERICA  
STATE OF OHIO  
OFFICE OF THE SECRETARY OF STATE

*I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show GLOBAL INTERNATIONAL CARE INC., an Ohio not for profit corporation, Charter No. 1937635, having its principal location in Columbus, County of Franklin, was incorporated on May 17, 2010 and is currently in GOOD STANDING upon the records of this office.*



*Witness my hand and the seal of the  
Secretary of State at Columbus, Ohio  
this 16th day of January, A.D. 2023.*

*Frank LaRose*

Ohio Secretary of State

Validation Number: 202301602584