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CEONELARY OF STATE

APPROVED AND FILED

JUL 0.7 2023



May 16, 2023

Florida Department of State Registration Section Division of Corporations PO Box 6327 Tallahassee, FL 32314

Re: GiveSmart US, Inc. - Letter No. 823A00010316

This serves as a response to the above-referenced letter dated May 8, 2023.

GiveSmart US, Inc. recently submitted an Application by Foreign Corporation for Authorization to Transact Business (the "Application") and the application was rejected due to a missing Fictitious Name Registration presumably for "Community Brands".

To clarify the entity name GiveSmart US, Inc. is available and this enity does not intend to use a fictitious name to conduct business in the state of Florida. Kindly note YourMembership.com, Inc. DBA Community Brands is registered with the Florida Department of State and is an affiliate of GiveSmart US, Inc.

To that point please accept the re-submission of the Application for GiveSmart US, Inc. along with a current Certificate of Existence as issued by the Georgia Secretary of State.

Should you have any questions regarding the foregoing please do not hesitate to contact me at abigail.bautista@communitybrands.com.

DacuSigned by:

Abigail Bautista Corporate Paralegal

COVER LETTER

	tration Section ion of Corporations			
SUBJECT:	GiveSmart US, Inc.			
SOBSECT.		corporation - n	nust include suffix	
Dear Sir or M	adam:			
"Certificate o	"Application by Foreign Corport Existence," or "Certificate of ced foreign corporation to trans	Good Standin	g" and check are submit	
Please return	all correspondence concerning	this matter to	the following:	
Corinne Conte.	nto			
		Name of Per	son	
Community B:	rands			
		Firm/Compar	ıy	
9620 Executiv	e Center Dr N, Ste 200			
		Address		
St. Petersburg,	FL 33702			
	(City/State and	Zip code	
legalorg@com	munitybrands.com			
	E-mail address: (to be used for	future annual report noti	fication)
For further in	formation concerning this matt	ter, please call		
Corinne Contento		(888	ode Daytime Telephone Number	
Nam	e of Person	Area Code	Daytime Telephor	ne Number
Regis Divis The 0 2415	EET/COURIER ADDRESS: stration Section tion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
	check for the following amounteek payable to: FLORIDA DEP ing Fee S78.75 Filing I Certificate of the control of	ARTMENT O		■ \$87.50 Filing Fee, Certificate of Status & Certified Copy

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.

GiveSmart US, I	inc.				
	orporation; must include "INCoup," "Inc." "Co," or "Corp.")	ORPORATED," "CO	MPANY," "CORPORATION."		
(If name unavaila	able in Florida, enter alternate (corporate name adopte	d for the purpose of transacting b	ousiness in Florida)	
. Georgia	Georgia 3. (State or country under the law of which it is incorporated)		6-1692622		
(State or countr	y under the law of which it is i	ncorporated)	(FEI number, if appli	cable)	
December 18, 20	V12	5			
(Date	of incorporation)		5(Date of duration, if other than perpetual)		
6				·	
	(SEE SECTIONS 60	7.1501 & 607.1502, F.	da, if prior to registration) S., to determine penalty liability))	
7 9620 Executive C	Center Dr N. Ste 200, St. Peters	burg, FL 33702			
		(Principal office str	eet address)		
				20	
		(Current mailing add	ress, if different)		ZV.
			NOT (ALL)		Topics Topics
8. Name and stree	et address of Florida register	red agent: (P.O. Box	(NOT acceptable)	SS을 🗀	后答
Name:	C T Corporation System	<u></u>		型名 2	0-1
Office Address:	1200 South Pine Island Roa	ıd		55 4	C.
	Plantation		, Florida	5	
	(City)		(Zip code)		
Having been nan designated in this further agree to c und I am familia	s application, I hereby acce	pt the appointment of of all statutes relativ	process for the above stated case registered agent and agree to the proper and complete as registered agent. Sandra Zwijack, Assistant	to act in this capacity. performance of my du	. 1
_		istered agent's signatu	re)		

^{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.

¹¹ For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

DucuSign Envelope ID: A5217981-0D72-46FB-8331-7C81AC6D654C A. DIRECTORS David Wirta □ Chairman □ Chairman Name: Name: 9620 Executive Center Dr N Address: _____ ☐ Vice Chairman Address: ___ Stc 200 Director □ Director St. Petersburg, FL 33702 □ President □President □ Vice President _!Vice President □ Secretary □Treasurer ☐ Secretary ☐Treasurer ាOther _____ □Other _____ □Other _____ □Other _____ Michael Henricks Name: L²Chairman Name: ☐ Chairman 9620 Executive Center Dr N Address: □ Vice Chairman Address: ☐ Vice Chairman Ste 200 Director 🖻 □Director St. Petersburg, FL 33702 □President □President □Vice President ___ □Vice President ☐ Treasurer ☐ Secretary □Treasurer 13 Secretary CFO Cher □ Other _____ □Other _____ Other _____ Michael Sheridan Chairman Name: J Chairman 9620 Executive Center Dr N Address: □Vice Chairman Address: _______ - TVice Chairman Ste 200 **IDirector** Director St. Petersburg, FL 33702 ☐ President LJPresident []Vice President ___ ☐ Vice President ☐ Secretary Treasurer □ Secretary ☐ Treasurer □Other _____ Other _____ □Other _____

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.

	me, at added to the many transfer of the many trans
	an property and
12	Michael Sherden
	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.

Michael Sheridan, General Counsel and Secretary

Control Number: 12097959

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

GIVESMART US, INC.

a Domestic Profit 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 : 25162871 Date Inc/Auth/Filed: 12/18/2012 Jurisdiction : Georgia Print Date : 05/03/2023

Form Number : 211



Brad Raffersper

Brad Raffensperger Secretary of State