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S. CHATHAM

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FLORIDA

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: MISTY 4/21

CERTIFIED COPY _____

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INC _____

1. GAA WORLD FOUNDATION, INC
(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**



Correction

FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 24, 2023

CORPORATE ACCESS, INC.

SUBJECT: GAA WORLD FOUNDATION, INC.
Ref. Number: W23000059292

We have received your document for and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

If you have any further questions concerning your document, please call (850) 245-6000.

Summer Chatham
Regulatory Specialist III
Director's Office

Letter Number: 323A00009078

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2023 APR 27 PM 3:15
ALLAHASSEE, FL 32009

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S.. (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: GAA World Foundation, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
1075 Broken Sound Parkway NW

Suite 103

Boca Raton, FL 33487

Mailing address, if different is:
1075 Broken Sound Parkway NW

Suite 103

Boca Raton, FL 33487

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The Corporation is organized solely for altruistic purposes which include providing food and housing to indigent persons as well as assisting such persons with skills necessary to obtain employment and become self-sufficient.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: Directors are elected by the Corporation's Members.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Daryl M. Tirico / Director

Address: 1075 Broken Sound Parkway NW

Suite 103

Boca Raton, FL 33487

Name and Title: Russell L. Forkey / Director

Address: 1075 Broken Sound Parkway NW

Suite 103

Boca Raton, FL 33487

Name and Title: Max Munro / Director

Address: 1075 Broken Sound Parkway NW

Suite 103

Boca Raton, FL 33487

Name and Title: David VanDerveer / Director

Address: 1075 Broken Sound Parkway NW

Suite 103

Boca Raton, FL 33487

Name and Title: Xiao Lu Li / Director

Address: 1075 Broken Sound Parkway NW

Suite 103

Boca Raton, FL 33487

Name and Title: _____

Address: _____

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CLERK OF DISTRICT COURT
JACKSONVILLE, FLORIDA

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Russell L. Forkey, P.A.
Address: 1075 Broken Sound Parkway NW, Ste 103
Boca Raton, FL 33487

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2023 APR 27 PM 1:50
STATE OF FLORIDA
CLERK OF THE COURT

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Daryl M. Tirico
Address: 1075 Broken Sound Parkway NW, Ste 103
Boca Raton, FL 33487

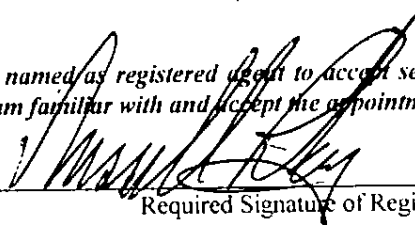
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

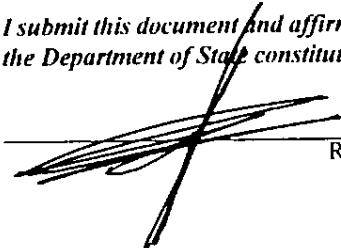
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature of Registered Agent

4-25-23
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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.



Required Signature of Incorporator

4-25-23
Date