Division of Corporations Electronic Filing Cover Sheet

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(((H24000172198 3)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : RASI

Account Number : 120220000023 Phone : (800)221-2972 Fax Number : (917)243-5843

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

Email Address:

FLORIDA PROFIT/NON PROF Global Health Four		ON
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Corporate Filing Menu

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May 14, 2024

FLORIDA DEPARTMENT OF STATE Division of Corporations

RASI

SUBJECT: GLOBAL HEALTH FOUNDATION

REF: W24000074316

We have received your document for GLOBAL HEALTH FOUNDATION . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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) 245-6052.

Monique K Anderson Regulatory Specialist II

FAX Aud. #: H24000172198 Letter Number: 124A00010518

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

ARTICLE! NAME The name of the corporation shall be: Global Health Found	dation Inc.
ARTICLE II PRINCIPAL OFFICE	
Principal <u>street</u> address:	Malling address, if different is:
2800 NE 47TH STR	LEET
LIGHTHOUSE, FL.	33064
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	O PROVIDE RESCURCES TO
MEDICAL ORGANIZATIONS	SPECIFIC TO
MEDICAL REJEARCH, MED	ICAL BOUCATION, MEDICAL
Mission Trips , FELLOW.	UHIP AND RECIDENCY PROGRAMS
ARTICLE IV MANNER OF ELECTION THE	
The main Director will appoint any additional director	which the directors are elected and appointed:
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	
PR	ES
Name and Title: VINCENT GUARINO / N Address 2800 NE 47 2 ST. A	ame and Title:
LICHTHOUSE A. 32005	
3.3067	
Name and Title: N	ame and Title:
Address A	
Λ	20
Name and Title:	
Name and Title: No	
Address A	ddress:
	3

Name and Title:_	Name and Title:	
Address	Address:	
		
Name and Title:_	Name and Title:	
Address	(ABINE BUG 1 (C)e:	
	Address:	
APTICI AVI		
The name and Flo	REGISTERED AGENT order acceptable) of the registered agent is:	
Name:	VINCENT GUARING	
Address:	2800 NE 47 TH ST.	
	LIGHTHOUSE, FL. 33064	
ARTICLE VII The name and ad	INCORPORATOR dress of the Incorporator is:	
Name:	Vincent Guarino	
Address:	2800 NE 47th St.	
	Lighthouse, FL 33064	
ARTICLE VIII Effective date, if ((If an effective d.)	EFFECTIVE DATE: other than the date of filing: nte is listed, the date must be specific and cannot be more than five days proceed that the date of the date is listed.	rior or 90 days of the cut
TAKE IT WILL TIME	inserted in this block does not meet the applicable statutory filing requirements ive date on the Department of State's records.	this date will not be listed as the
Having been nan ceriificate, I am fa	ned as registered agent to accept service of process for the above stated corporalists with and accept the appointment as registered agent and agree to act in t	oration at the place designated in this
	Paula ISI	5 15 24
l ou houte 12.2- 22 -	Required Signature of Registered Agent	Date-
i submii this dòcii. the Department of	ment and affirm that the facts stated herein are true. I am aware that any false i State constitutes a third degree felony as provided for in s.817.155, F.S.	nformation submitted in a document to
	Required Signature of Incorporator	5.16-151
	- and an entertain of the original	Date