

F14000003137

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

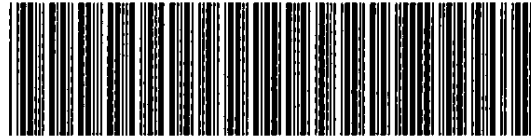
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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06/27/14--01024--007 **78.75

07/25/14--01021--015 **561.25

FILED
14 JUL 24 AM 11:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W14-46484

K 07/25/14



JUL 07 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

RTT
D
14 JUL 18 11 23 AM
S.E.C.
TALLAHASSEE

June 30, 2014

RUTH EISENBERG
1726 M STREET NW, SUITE 600
WASHINGTON, DC 20036

SUBJECT: NATIONAL LATINA INSTITUTE FOR REPRODUCTIVE HEALTH,
INCORPORATED
Ref. Number: W14000040484

We have received your document for NATIONAL LATINA INSTITUTE FOR REPRODUCTIVE HEALTH, INCORPORATED and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total ~~\$650.00~~.

561.25 ✓

If you have any further questions concerning your document, please call (850) 245-6052.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 114A00014155

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: National Latina Institute for Reproductive Health, Incorporated
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:

Ruth Eisenberg

Name of Person

Harmon, Curran, Spielberg & Eisenberg, LLP

Firm/Company

1726 M Street NW, Suite 600

Address

Washington, DC 20036

City/State and Zip Code

shibani@latinainstitute.org

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

For further information concerning this matter, please call:

Ruth Eisenberg

Name of Person

at (202) 328-3500

Area Code & Daytime Telephone Number

MAILING ADDRESS:
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- \$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. National Latina Institute for Reproductive Health, Incorporated
(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.)

2. District of Columbia 3. 52-1891734
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 08/25/1994 5. Perpetual
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. August 1, 2013
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 50 Broad Street, Suite 1937, New York, NY 10004
(Principal office address)

50 Broad Street, Suite 1937, New York, NY 10004
(Current mailing address)

8. To ensure the fundamental human right to reproductive health and justice for Latinas, their families and their communities through public education, community mobilization and policy advocacy
(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: InCorp Services, Inc.

Office Address: 17888 67th Court North

Loxahatchee, Florida 33470
(City) (Zip Code)

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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.

[Signature] on behalf of InCorp Services, Inc.
(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.

12. Names and addresses of officers and/or directors

A. DIRECTORS

Chairman: Please see attached.

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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MILWAUKEE, WISCONSIN

B. OFFICERS

President: Please see attached.

Address: _____

Vice President: _____

Address: _____

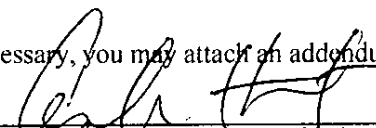
Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.  6/15/14
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Angela Hooton, Treasurer
(Typed or printed name and capacity of person signing application)

**National Latina Institute for Reproductive Health
2014 Board of Directors**

Destiny Lopez, Board Chair
50 Broad Street, Suite 1937
New York, NY 10004

Raquel F. Donoso, Board Vice Chair
50 Broad Street, Suite 1937
New York, NY 10004

Angela Hooton, Treasurer
50 Broad Street, Suite 1937
New York, NY 10004

Charlene Barrientos Ortiz, Secretary
50 Broad Street, Suite 1937
New York, NY 10004

James Ferg-Cadima, Director
50 Broad Street, Suite 1937
New York, NY 10004

Laura M. Esquivel, Director
50 Broad Street, Suite 1937
New York, NY 10004

Yvonne Gutierrez, Director
50 Broad Street, Suite 1937
New York, NY 10004

Cindy Saan, Director
50 Broad Street, Suite 1937
New York, NY 10004

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NATIONAL LATINA INSTITUTE
FOR REPRODUCTIVE HEALTH
50 BROAD STREET, 1937
NEW YORK, NY 10004

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS
CORPORATIONS DIVISION



C E R T I F I C A T E

THIS IS TO CERTIFY that all applicable provisions of the District of Columbia Business Organizations Code (Title 29) have been complied with and accordingly, this **CERTIFICATE OF GOOD STANDING** is hereby issued to

NATIONAL LATINA INSTITUTE FOR REPRODUCTIVE HEALTH

WE FURTHER CERTIFY that the domestic filing entity is formed under the law of the District on 8/25/1994; that all fees, and penalties owed to the District for entity filings collected through the Mayor have been paid and Payment is reflected in the records of the Mayor; The entity's most recent biennial report required by § 29-102.11 has been delivered for filing to the Mayor; and the entity has not been dissolved. This office does not have any information about the entity's business practices and financial standing and this certificate shall not be construed as the entity's endorsement.

IN TESTIMONY WHEREOF I have hereunto set my hand and caused the seal of this office to be affixed as of 6/20/2014 2:53 PM

Business and Professional Licensing Administration



PATRICIA E. GRAYS
Superintendent of Corporations
Corporations Division

Vincent C. Gray
Mayor

Tracking #: Si9TMJ2W

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14 JUL 24 2:11:48
DEPARTMENT OF STATE
FILING OFFICE, DISTRICT OF COLUMBIA