

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : REGISTERED AGENTS INC.
Account Number : I20090000081
Phone : (307)200-2803
Fax Number : (855)330-1010

2022 SE 1 -6 PM 4:47

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

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION

National Equity Project

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

2022 SE 1 -6 PM 3:43

S. FRANKLIN

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 Equity Project

(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.)

National Equity Project Inc.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. California

(State or country under the law of which it is incorporated)

3. 943222960

(FEI number, if applicable)

4. 4/13/1995

(Date of Incorporation)

5. Perpetual

(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. 7901 4th St N STE 300 St. Petersburg FL 33702

(Principal office street address)

7901 4th St N STE 300 St. Petersburg FL 33702

(Current mailing address, if different)

8. Professional Educational Leadership Consulting

(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: Registered Agents Inc.

Office Address: 7901 4th St N STE 300

St. Petersburg

(City)

, Florida 33702

(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.

Bell Home

(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

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

A. DIRECTORS

Chairman Name: LaShawn Route-Chatmon

Vice Chairman Address: _____

Director 7901 4th St N STE 300

President St. Petersburg FL 33702

Vice President _____

Secretary Treasurer

Other: _____ Other: _____

Chairman Name: Brian Stanley

Vice Chairman Address: _____

Director 7901 4th St N STE 300

President St. Petersburg FL 33702

Vice President _____

Secretary Treasurer

Other: _____ Other: _____

Chairman Name: Na'ilah Suad Nasir

Vice Chairman Address: _____

Director 7901 4th St N STE 300

President St. Petersburg FL 33702

Vice President _____

Secretary Treasurer

Other: _____ Other: _____

Chairman Name: Emmile Brack

Vice Chairman Address: 7901 4th St N STE 300

Director St. Petersburg FL 33702

President _____

Vice President _____

Secretary Treasurer

Other: _____ Other: _____

Chairman Name: Jennifer Henry

Vice Chairman Address: _____

Director 7901 4th St N STE 300

President St. Petersburg FL 33702

Vice President _____

Secretary Treasurer

Other: _____ Other: _____

Chairman Name: _____

Vice Chairman Address: _____

Director _____

President _____

Vice President _____

Secretary Treasurer

Other: _____ Other: _____

2022 SEP - 6 PM 4:47

NOTE: 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.

13. Emmile Brack
 (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
14. Emmile Brack-Director
 (Typed or printed name and capacity of person signing application)



Secretary of State Certificate of Status

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name: NATIONAL EQUITY PROJECT
Entity No.: 1897666
Registration Date: 04/13/1995
Entity Type: Nonprofit Corporation - CA - Public Benefit
Formed In: CALIFORNIA
Status: Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix
the Great Seal of the State of California this day of
September 01, 2022.

SHIRLEY N. WEBER, PH.D.
Secretary of State

Certificate No.: 042038727

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State