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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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J. Shivers NOV 06 2009

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: UNITED LATINS OF AMERICA, INC.
(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", 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:

DANIEL MARTINEZ
(Name of Person)

UNITED LATINS OF AMERICA, INC.
(Firm/Company)

28 PATUXENT LN
(Address)

PALM COAST FL 32164
(City/State and Zip Code)

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For further information concerning this matter, please call:

DANIEL MARTINEZ at (386) 585-3081
(Name of Person) (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:

- [X] $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. UNITED LATINS OF AMERICA, INC.
(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. NEW JERSEY
(State or country under the law of which it is incorporated)

3. 22-3197360
(FEI number, if applicable)

4. NOVEMBER 2, 1992.
(Date of Incorporation)

5. PERPETUAL
(Duration: Year corp. will cease to exist or "perpetual")

6. N/A
(Date first conducted affairs in Florida if prior to registration. *See sections 617.1501 & 617.1502, F.S. to determine penalty liability.*)

7. 28 PATUXENT LN, PALM COAST FL, 32164
(Principal office address)

SAME
(Current mailing address)

8. OUR PURPOSE IS TO HELP LOW INCOME FAMILIES, THE ELDERLY AND THE DISABLE IN THEIR QUEST TO OBTAIN CREDIT AND MORTGAGE RELIEF AND TO CREATE AFFORDABLE HOUSING INITIATIVES AS WELL AS JOB TRAINING OPPORTUNITIES IN THE HOUSING SECTOR FOR THE SAME NAMED LOW INCOME MEMBERS OF OUR COMMUNITIES
(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: GRACIELA MARTINEZ

Office Address: 28 PATUXENT LN

PALM COAST (City), Florida 32164 (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.

Graciela Martinez
(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: DANIEL MARTINEZ

Address: 28 PATUXENT LN, PALM COAST FL, 32164

Vice Chairman: GABRIEL CORUJO

Address: 1836 SOUTH PALMETTO, DAYTONA BEACH FL 32118

Director: GRACIELA MARTINEZ

Address: 28 PATUXENT LN, PALM COAST FL 32164

Director: RAFAEL CERULO

Address: 31 FILBERT LN, PALM COAST FL 32137

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TALLAHASSEE, FLORIDA

B. OFFICERS

President: DANIEL MARTINEZ

Address: 28 PATUXENT LN, PALM COAST FL 32164

Vice President: GABRIEL CORUJO

Address: 1836 SOUTH PALMETTO, DAYTONA BEACH FL 32118

Secretary: GRACIELA MARTINEZ

Address: 28 PATUXENT LN, PALM COAST FL 32164

Treasurer: RAFAEL CERULO

Address: 31 FILBERT LN, PALM COAST FL 32137

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

13. Macula Granty
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. GRACIELA MARTINEZ, OFFICER and DIRECTOR
(Typed or printed name and capacity of person signing application)

STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
SHORT FORM STANDING

UNITED LATINS OF AMERICA, INC.

0100533232

With the Previous or Alternate Name

UNITED LATIONS OF AMERICA, INC. (Previous Name)

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Non Profit Corporation was registered by this office on November 2, 1992.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and registered office are:

National Registered Agents, Inc. Of Nj
100 Canal Pointe Blvd.
Suite 212
Princeton, NJ 08540

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TALLAHASSEE, FLORIDA

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 28th day of September, 2009

R. David Rousseau
State Treasurer

Certification# 115397019

Verify this certificate at
https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp