

FD1000003647

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Association for Homeless American Veterans, Inc., A Nonprofit Corporation
(Name of Corporation - must include suffix)

MJH

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:

Kendon Light

(Name of Person)

Tax Exemption Specialists

(Firm/Company)

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-07/06/01--01055--002

*****70.00 *****70.00

4626 Kayhoe Road

(Address)

Glen Allen, VA 23060-3531

(City/State and Zip Code)

For further information concerning this matter, please call:

Kendon Light

(Name of Person)

at (804) 965-6241

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 JUL - 6 PM 2:15

FILED

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. Association for Homeless American Veterans, Inc., A Nonprofit Corporation
(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. Nevada 3. 88-0432574
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. July 16, 1999 5. Perpetual
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. Affairs not started in Florida, yet. Waiting for foreign corporation registration to be completed.
(Date corporation first conducted Affairs in Florida - See sections 617.1501, 617.1502, and 817.155, F.S.)
7. 10851 Palm Lake Avenue, #202, Boynton Beach, FL 33437
(Principal office address)
10851 Palm Lake Avenue, #202, Boynton Beach, FL 33437
(Current mailing address)
8. Exclusively for charitable purposes within the meaning of section 501(c)(3) of the Internal Revenue Code
(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 or Mail Drop Box **NOT** acceptable)
Name: Herb Wernikove
Office Address: 10851 Palm Lake Avenue, #202
Boynton Beach, Florida 33437
(City) (Zip Code)

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TALLAHASSEE, FLORIDA

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.


(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: _____

Address: _____

DIRECTOR: Nelson Werner

Address: 6021 Topaz

Las Vegas, NV 89120

Director: Linda Coronado

Address: 2201 Ramsgate Drive, #325

Henderson, NV 89014

Director: Luarie Modaressi

Address: 6021 Topaz

Las Vegas, NV 89120

B. OFFICERS

President: Nelson Werner

Address: 6021 Topaz

Las Vegas, NV 89120

Vice President: _____

Address: _____


Secretary: Herb Wernikove

Address: 10851 Palm Lake Avenue, #202, Boynton Beach, FL 33437

Treasurer: Herb Wernikove

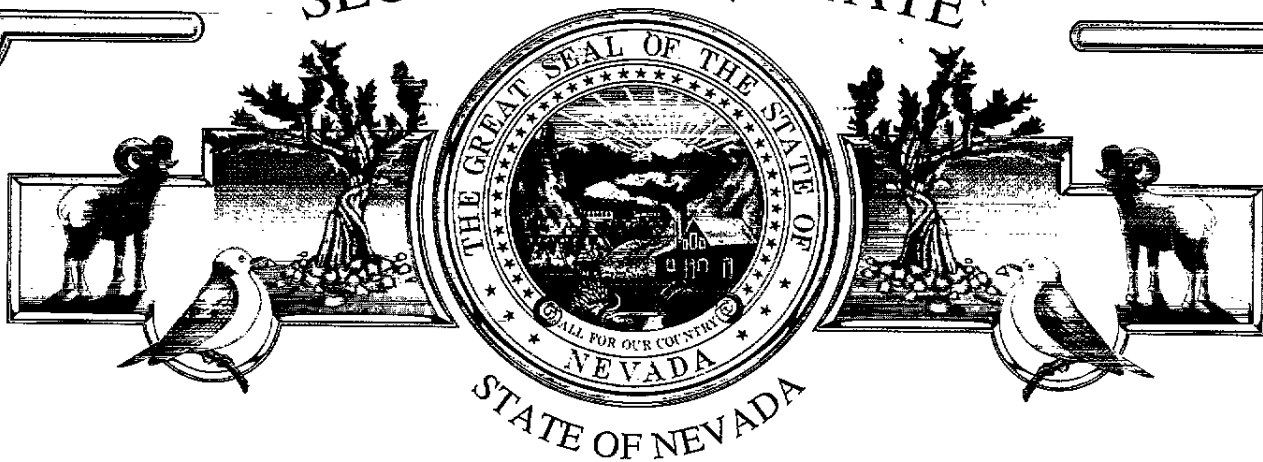
Address: 10851 Palm Lake Avenue, #202, Boynton Beach, FL 33437

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

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

14. Herb Wernikove, Secretary/Treasurer
(Typed or printed name and capacity of person signing application)

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **ASSOCIATION FOR HOMELESS AMERICAN VETERANS, INC., A NONPROFIT CORPORATION**, as a non-profit corporation duly organized under the laws of **NEVADA** and existing under and by virtue of the laws of the State of Nevada since July 16, 1999, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office, in Carson City, Nevada, on June 20, 2001.

Secretary of State

By

Certification Clerk