(Requestor's Name) (Address) (Address)	500079133905
(City/State/Zip/Phone #)	08/28/0601023008 **87.50
(Business Entity Name) (Document Number) Pertified Copies Certificates of Status Special Instructions to Filing Officer:	TALLAHASSEE.FLOR
Office Use Only	FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA

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## **COVER LETTER**

TO: New Filing Section Division of Corporations

SUBJECT:  $N_{J}\overline{NOS} D \in MJ CJUDAD$ (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:

IVANA DE SARMJENTO NINOS DE MI CIUDAD 6712 66# AVE E (Address) BRADENTON FL 34,203 Situ/State and Zin Code)

For further information concerning this matter, please call:

(Name of Person) at (941) 580-4127 (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:

\$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



## FLORIDA DEPARTMENT OF STATE Division of Corporations

August 28, 2006

IVANA → IVANDE SARMIENTO NINOS DE MI CIUDAD 6712 66TH AVENUE E BRADENTON, FL 34203

SUBJECT: NINOS DE MI CIUDAD Ref. Number: W06000037970

We have received your document for NINOS DE MI CIUDAD and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have completed a form for an OUT OF STATE CORP. Is your original State of jurisdiction another? If so, please make the necessary corrections below and return for filing. If your jurisdiction is Florida, you have completed the wrong form.

The name of the corporation must contain a corporate suffix. This suffix may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

The principal address must be at a street address. A post office box is not acceptable.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return 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) 245-6934.

Loria Poole Document Specialist

Letter Number: 506A00052658

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Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

## 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.	NINOS DE MI CJUDAD INC	··· -,
	( 11 11	<u>NINOS DE MJ CJUDAD INC</u> Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like mport in language as will clearly indicate that it is a corporation instead of a <u>natural person</u> or partnership if not so contained n the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)	· <u> </u>
4	2.	FLOODDA - USA VALENCIA	
•			
$\uparrow$	4.	(Date of Incorporation) OG 02/05 5. PERPETUAL (Duration: Year corp. will cease to exist or "perpetual")	
	6.	(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)	
		(Date first conducted affaits in Fiorida in prior to registration. see sections 017.1501 & 017.1502, F.S. to determine penalty itability.)	
	7.	CALLE 1 VALENCIA Edo CARABOBO URB PARQUE MIRAPAK (Principal office address) 2004 ABS	SKA#
			200
		<u>Current mailing address</u>	
		(Current mailing address)	
	8.	to conduct Find RESERVE Activities IN FAVOL OF/ESS FORTURA (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)	childre
	9.	Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	
			<b>m</b>
		Name: HERNANDO BEDANT	
	Of	ffice Address: 6712 66H AVE E	
		Braperton, Florida 34203	
		(City) (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.

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: DEBOATH ESTEVEZ. FC 34203 4854 SARAL HARBOR - BRADENTON Address: Vice Chairman: CARMEN TORTOLERO Address: 4854 SABAL HARBOR - BAADENTON- F-C 3420> PAREDES Director: JOHN 42ND ST GER E - BRADENTON- FL 34203 6144 Address: RodolFO MARIN Director: 6146 422 St CAR E - BRADFUTON- FL 34203 Address: **B. OFFICERS** IVANA DE SARMJEUTO President: Address: 4854 SABAL HARBOUR - BRADENTON FL 34203 MINERILA HERNANDEZ. Vice President: 66 HY BRADENTON FL 34207 6719 41/5 Address: BERANTS VELASGUEZ. LUTA Secretary: GTR E - IBRADENTON 34203 FL 614 Address: QUENONES-SOLAND VITAN Treasurer: BEAN DR - BRADENTON 34202 R CORAL Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 13. e Chairman, or any officer listed in ignature of Chairman e'application) ERNANDO 14. (Typed or printed name and capacity of person s ing application)

NICONFORMITY WITH THE PORSIENT IN ARTICLE 99 OF THE REVENUE TAX LAW AND ITS REGULATORY DISPOSITIONS, THE PRUSENT CENTRAL DATE OF EXPEDITION: VALENCIA ADMINISTRATION: CENTRAL OF FICIAL SEAL OF FILE MINISTRY OF FINANCE) F-03-07 No. 1181821 3313593249 - OXT AUTHORIZED SIGNATURE	EDMUNDO A. DELGADO American Translators Association, Member	I, Edmundo A. Delgado, being competent in the translation and interpretation of the Spanish language, CERTIFY: that the information contained in this document is true, correct, and complete in its essence, to the original presented to me for its translation	State of: FLORIDA County of: MANATEE	CERTIFICATION		ADDRESS: CALLE 1 VALENCIA, EDO CARABOBO URB PARQUE MIRADOR CASA No. 4 ZONA POSTAL 2001	LAST NAMES AND NAMES – NAME OR SOCIAL REASON FUNDACION NIÑOS DE MI CIUDAD (CHILDREN OF MY CITY FOUNDATION	(RIF NUMBER) JUNE 21, 2005 J-31359324-9	CERTIFICATE OF REGISTRY DATE OF REGISTRY	FORM SIR RIF 07   BOLIVARIAN REPUBLIC OF VENEZUELA (LOCO) INTEGRATED NATIONAL SERVICE OF INTEGRATED NATIONAL SERVICE OF INTEGRATED NATIONAL SERVICE OF	
					- 03 -	OF THE MI	(OFFICIAL	REGIONAL ADMI CENTRAL	CITY: VALENCIA	IN CONFORMITY WITH THE REVENUE TAX LA THE PRESENT CERTIFIC	

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	Número Regi	stro de Información Fiscal	Número de Identificación Tributaria		
DENERAL ENERGIA DO LE ADMINISTRACIÓN TREUTARIA	RIF: J	-31359324-9	NIT: 0430864	1300	
Razón Social: FUNDACION NIÑOS DE MI	CIUDAD	*	OLIVAR/AN		
Nombre Conterciai: FUNDACION NIÑOS DE MI	CIUDAD	· · · · · · · · · · · · · · · · · · ·	Selle de la Unioni, Racionya		
Lugar: VALENCIA	Feeha: 21/06/2005	Válido Hasta: 02/06/2008		SUELA	
Firzus Electrónica: 8794799243		÷ -	SENIAT		
	(Origina) - C	ontribuyente)	B R R OF W DE TRIBU	C. C	

- 4. Este Documento no será emitido nuevamente, por lo cual debe ser cuidadoso en su conservación y custodia.

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Este Documento debe ser mostrado mas no entregado, en aquellos casos que le sea requerido.
Este Documento será sustituido en su oportunidad por la Cédula de Identificación Tributaría. (Documento Definitivo)

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REPUBLIC OF VENE2 TREASURY DEPARTS (LOGO) INTEGRATED NATIONAL		PROVISIONAL PROOF Registry Number of Fisca RIF: J-31359	I Information	RY OF FISCAL INFORMATION Tax Identification Number NIT: 0430864300		
Social Reason: FUNDACION NIÑOS I	DE MI CIUDAD (Children of My	City Foundation)		·····	-	
Commercial Name: FUNDACION NIÑOS I	DE MI CIUDAD (Children of My	City Foundation)	(Officia	f the Receiving Unit) al Seal of the Ministry ance, Central Region)		
Place: VALENCIA	Date: JUNE 21, 2005	Valid Through: June 2, 2008		2 JUN 2005	-	
	(Orig	ginal – Contributor)				
1. The RIF and NIT	numbers hereby indicated are t	he definite ones.			~	

- Every Contributor must register only once. Likewise, the agencies, establishments or deposits must utilize the RIF and NIT of their Head Quarters.
- 3. Any modification to the provided data must be notified the Tax Administration up until the maximum of 30 days after it was produced; the exception being the change in the Economical Exercise, which must be authorized by the Tax Administration in jurisdiction.
- 4. This document will not be emitted again, for this reason you should be careful for its conservation and custody.
- 5. This document must be shown but not given, when it is required.
- 6. This document will be replaced, in its opportunity, by the Tax Identification Card (Permanent Document)

## **CERTIFICATION**

State of: <u>FLORIDA</u> County of: <u>MANATEE</u>

I, Edmundo A. Delgado, being competent in the translation and interpretation of the Spanish language, CERTIFY: that the information contained in this document is true, correct, and complete in its essence, to the original presented to me for its translation.

EDMUNDO A. DELGADO American Translators Association, Member

09-26-2006