# F060000007377

· (Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	//State/Zip/Phone	: #)
PICK-UP	WAIT.	MAIL
(Bus	siness Entity Nam	ne)
(Dod	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	





900082031369

11/28/06--01025--027 \*\*87.50



c3.11-29

#### **COVER LETTER**

TO: New Filing Section Division of Corporations		
SUBJECT: Hongak I hard (Name of Corporation	on – must include suffix)	
Dear Sir or Madam:		
The enclosed "Application by Foreign Not for Profit Affairs in Florida", "Certificate of Existence", and chantof for profit corporation to conduct its affairs in Florida.	eck are submitted to regis	
Please return all correspondence concerning this mat	ter to the following:	•
Ngawang Isultri (Name of Dhongal) (Firm/Co	Tharling	
New Orleans (City/State and	ress) <u>1</u> 70119 d Zip Code)	· · · · · · · · · · · · · · · · · · ·
For further information concerning this matter, please	e call:	
Name of Person)  Name of Person)	504 30   - 2 (Area Code & Daytime Te	(174 elephone Number)
MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	New Filing S Division of C Clifton Build	orporations ing ve Center Circle
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
2. CState or country under the law of which it is incorporated)  (State or country under the law of which it is incorporated)  (FEI number, if applicable)
2/21/04
(Date of Incorporation)  (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.)
7. 362 De Saix Blvd, New Orleans, La 10119 (Principal office address)
3621 De Saix Blyd New Orleans, La 70119
8. Nontrofit religious & Cultural Organization (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)
Name: Felicia McQuaid
Office Address: 37 Ranger St.
Ft. Walton Beach, Florida 32548 (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.
1
$\frac{1}{2}$
(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:	FU
A. DIRECTORS	NOWILED
Chairman:	NOV 28 MM 7: 52
Chairman:	MASSE OF STATE
Address:	- ORIOA
Vice Chairman:	
Address:	
Director:	
Address:	
Director:	
Address:	
·	
P. OWNERDS	
B. OFFICERS  President: Ngawaria Tsultrim Lama	
Address: 3021 Se Saix 51Vd.	
New Orleans, La 70119	MAI
Vice President: Laura 14ree	
Address: 51 Laurie Dr.	
Fort Walton Bch, Fl. 32548	
Secretary: Felicia McQuaid	
Address: 37 Ranger St. Ft. Walton Bch., Fl. 3	2548
Treasurer: Felicia M'Quaid	
Address: 37 Panger St. Ft. WALTON Bch. F1. 32548	
Address. S. T. Work C. C. T. C.	<u> </u>
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 ap	oplication)
14. Nauwana Sultrum (ama Tres. (Typed or printed name and capacity of person signing application)	

## United States of America State of Louisiana



### As Secretary of State, Jay Dardenne, I do hereby Certify that

#### DHONGAK THARLING

A corporation domiciled in NEW ORLEANS, LOUISIANA,

Filed charter and qualified to do business in this State on March 31, 1994,

I further certify that the records of this Office indicate the corporation has paid all fees due the Secretary of State, and so far as the Office of the Secretary of State is concerned is in good standing and is authorized to do business in this State as a Non-Profit Corporation.

In testimony whereof, I have hereunto set
My hand and caused the Seal of my Office
To be affixed at the City of Baton Rouge on,
November 20, 2006

Secretary of State



Certificate ID: 20061120002619

To validate this certificate, visit the following web site, go to Commercial Division, Validate Certificate, then follow the instructions displayed.

www.soa.toulslana.gov