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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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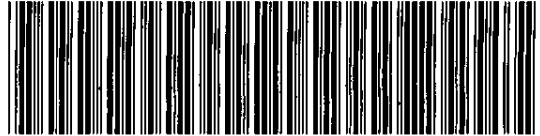
(Business Entity Name)

(Document Number)

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gf 1/21/09

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: NID HOUSING COUNSELING AGENCY, 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:

Janice Null

(Name of Person)

Incorp Services, Inc.

(Firm/Company)

375 N. Stephanie St.

Suite 1411

(Address)

Henderson, NV 89014-8909

(City/State and Zip Code)

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For further information concerning this matter, please call:

Janice Null/ Incorp Services, Inc.

(Name of Person)

at (702) 866-2500 ext. 2027

(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

**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. NID HOUSING COUNSELING AGENCY, 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. California 3. 94-3353869
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 12/31/1999 5. Perpetual
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. Upon filing by the Secretary of State
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 3560 Grand Avenue, Oakland, CA 94610
(Principal office address)

3560 Grand Avenue, Oakland, CA 94610
(Current mailing address)

8. Housing Counseling or any legal purpose
(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: Incorp Services, Inc.

Office Address: 17888 67th Court North

Loxahatchee, Florida 33470
(City) (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.

Janice Sull on behalf of Incorp Services, Inc.
(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:

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A. DIRECTORS

Chairman: Jacqueline Carlisle

Address: 3560 Grand Avenue

Oakland, CA 94610

Vice Chairman: _____

Address: _____

Director: Daryl Thomas

Address: 1279 Caroline Street

Alameda, CA 94501

Director: Robert Reed

Address: 2218 E 29th Street

Oakland, CA 94606

B. OFFICERS

President: Ray Carlisle

Address: 3560 Grand Avenue

Oakland, CA 94610

Vice President: _____

Address: _____

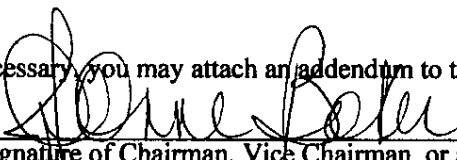
Secretary: Joanne Baker

Address: 9670 Empire Road, Oakland, CA 94603

Treasurer: Joanne Baker

Address: 9670 Empire Road, Oakland, CA 94603

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. Joanne Baker, Secretary
(Typed or printed name and capacity of person signing application)

**State of California
Secretary of State**

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2009 JAN 20 PM 3:00

CERTIFICATE OF STATUS

ENTITY NAME:

NID HOUSING COUNSELING AGENCY

FILE NUMBER: C2205576
FORMATION DATE: 12/31/1999
TYPE: DOMESTIC NONPROFIT CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California,
hereby certify:

The records of this office indicate the entity is authorized to exercise
all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial
condition, 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 January 03, 2009.

Debra Bowen

DEBRA BOWEN
Secretary of State