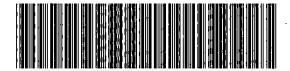
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FILED TO NOV -8 PHIZ: 48 SECRETARY OF STATE

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COVER LETTER

TO:	Division of Corporations		
SUBJ	ECT: <u>p</u>	ARAGUAY HUMANITARIAN FOUNDATION, INC. Name of Corporation – must include suffix	
Dear S	ir or Madam	:	
"Certifi	icate of Exis	lication by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Floric tence", or "Cerificate of Good Standing" and check are submitted to register the above reference ration to conduct its affairs in Florida.	la ec
Please	return all co	rrespondence concerning this matter to the following:	
		STEPHEN M. FELDMAN	
		Name of Person	
		LAW OFFICES OF STEPHEN M. FELDMAN, INC. Firm/Company	
•			
	•	15915 Ventura Boulevard, Suite 201 Address	
		Encino, CA 91436	
		City/State and Zip Code	
		smfkef at aol.com	
		E-mail address: (to be used for future annual report notification)	
For furt	her informat	ion concerning this matter, please call:	
St		at (818.) 907-0334 ne of Person Area Code & Daytime Telephone Number	
	New Filing	Corporations Division of Corporations Clifton Building	
Enclose	d is a check	for the following amount:	
\$7 0.	00 Filing Fe	**Re Status Sertified Copy Sertified Copy Sertified Copy Certificate of Status & Certified Copy Certified Copy Certified Copy Sertified Copy Certified Copy	

CONDUCTI	ON BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO TS AFFAIRS IN FLORIDA
IN COMPLIAN	CE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO COREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT BE AFFAIRS TO
REGISTER A F THE STATE OF	FFLORIDA:
I. PARA	AGUAY HUMANITARIAN FOUNDATION, INC.
HINDOR IN Jangu	age as will clearly indicate that it is a corporation instead of a natural person or partnership if not be estimated bresent. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)
2. Dela	ntry under the law of which it is incorporated) 3. 65-1019733 (FEI number, if applicable)
(State or cou	ntry under the law of which it is incorporated) (FEI number, if applicable)
4. <u>June</u>	27, 2000 5. Perpetual (Duration: Year corp. will cease to exist or "perpetual")
6. Regi	stration
(Date first cond	ucted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)
71591	5 Ventura Boulevard, Suite 201, Encino, CA 91436 (Principal office address)
1591	5 Ventura Boulevard, Suite 201, Encino, CA 91436
	(Current mailing address)
B. Char	itable work in Paraguay corporation authorized in home state or country to be carried out in the state of Florida)
(rurpose(s) or (corporation authorized in nome state or country to be carried out in the state of Florida)
). Name and stre	eet address of Florida registered agent: (P.O. Box NOT acceptable)
Name:	JOSE AVILA
Office Address:	6580 Santana Street #35
	Coral Gables Florida 33146 (Zip Code)
	(City) (Zip Coae)
10. Registered	agent's acceptance:
lesignated in th. Turther agree to	med as registered agent and to accept service of process for the above stated corporation at the place is application, I hereby accept the appointment as registered agent and agree to act in this capacity. I comply with the provisions of all statutes relative to the proper and complete performance of my duties,
ınd I am familid	ar with and accept the obligations of my position as registered agent.
	1,000
	(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: RONALD WOLFSON	NACLA SECR
Address: 15915 Ventura Boulevard, Suite 201	NOV -
Encino, CA 91436	RY O
Vice Chairman: JOSE AVILA	¬¬¬¬ <u>== </u>
Address: 6580 Santona Street #35	24 -
Coral Gables, FL 33146	
Director:	
Address:	
Director:	<u> </u>
Address:	
President:Address:	
Vice President:	
Address:	
Secretary:	
Address:	
Freasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing additional (Signature of Chairman, Vice Chairman, or any officer listed in number 12)	
4. RONALD WOLFSON (Typed or printed name and capacity of person signing application)	ation)

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PARAGUAY HUMANITARIAN FOUNDATION, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SIXTH DAY OF OCTOBER, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PARAGUAY HUMANITARIAN FOUNDATION, INC." WAS INCORPORATED ON THE TWENTY-SEVENTH DAY OF JUNE, A.D. 2000.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

3251238 8300

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Jeffrey W Bullock, Secretary of State AUTHENTYCATION: 8311697

DATE: 10-26-10