

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
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RE-SUBMIT

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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FLORIDA PROFIT/NON PROFIT CORPORATION

NSHMBA Foundation

Certificate of Status	0
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11 MAR 24 PM 5:07
DIVISION OF CORPORATIONS

PS 3/25/11



March 24, 2011

FLORIDA DEPARTMENT OF STATE
Division of Corporations

C T CORPORATIN SYSTEM

SUBJECT: NSEMBA FOUNDATION
REF: W11000016769

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name must contain a word that will clearly indicate that it is a corporation. This word 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.

If you have any further questions concerning your document, please call (850) 245-6879.

Ruby Dunlap
Regulatory Specialist II
New Filing Section

FAX Aud. #: E11000076975
Letter Number: 211A00007191

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: NSHMBA Foundation 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:

Name of Person

Firm/Company

Address

City/State and Zip Code

Charlotte Receivable, Inc. NSHMBA, 029
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Person

at (_____) _____

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. NSHMBA Foundation 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. _____
(State or country under the law of which it is incorporated) (FBI number, if applicable)
4. 12/15/1988 5. perpetual
(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. 1303 Walnut Hill Lane #100 Irving, TX 75038
(Principal office address)
- 1303 Walnut Hill Lane #100 Irving, TX 75038
(Current mailing address)

8. Fostering Hispanic Leadership through graduate management and professional development.
(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: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(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.

C T Corporation System

Michael E. Jones
Assistant Secretary

By: [Signature]
(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.

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MAR 23 AM 9:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12. Names and addresses of officers and/or directors:

A. DIRECTORS

Chairman: Yvonne M. Martin

Address: 1303 W. Walnut Hill Lane, Ste. 100

Irving, TX 75038

Vice Chairman:

Address:

Director: Cosette Gutierrez

Address: 1303 W. Walnut Hill Lane, Ste. 100

Irving, TX 75038

Director:

Address:

B. OFFICERS

President: Manuel Gonzalez

Address: 1303 W. Walnut Hill Lane, Ste. 100

Irving, TX 75038

Vice President:

Address:

Secretary: Ron Fernandez

Address: 1303 W. Walnut Hill Lane, Ste. 100, Irving, TX 75038

Treasurer: Ramiro J. Atristhan-Carrion

Address: 1303 W. Walnut Hill Lane, Ste. 100, Irving, TX 75038

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.

Manuel Gonzalez

(Typed or printed name and capacity of person signing application)

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MAR 23 AM 9:46
FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE

**State of California
Secretary of State**

CERTIFICATE OF STATUS

ENTITY NAME:

NSHMBA FOUNDATION

FILE NUMBER: C1451832
FORMATION DATE: 12/15/1988
TYPE: DOMESTIC NONPROFIT CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 28, 2011.

Debra Bowen

DEBRA BOWEN
Secretary of State