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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

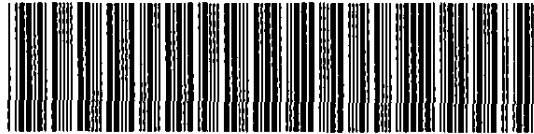
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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06/24/13--01031--013 **87.50

English translation

FILED
13 AUG 14 PM 12:51
STATE OF FLORIDA
TALLAHASSEE

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Fundacion para el Desarrollo del Hogar Propio, 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", or "Certificate of Status" 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:

Joaquin Torres, CPA
Name of Person

AGA Accounting and Federal Grants Advisors, LLC
Firm/Company

478 E Altamonte Dr 108 352
Address

Altamonte Spring, FL 32701
City/State and Zip Code

joaquin.torres@aga-advisors.com ✓
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Joaquin Torres, CPA at (407) 574-7787
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

June 25, 2013

JOAQUIN TORRES, CPA
478 E ALTAMONTE DR 108 352
ALTAMONTE SPRING, FL 32701

SUBJECT: FUNDACION PARA EL DESARROLLO DEL HOGAR PROPIO, INC.
Ref. Number: W13000036636

We have received your document for FUNDACION PARA EL DESARROLLO DEL HOGAR PROPIO, INC. and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

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 your document, along with 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) 245-6052.

Diane Cushing
Regulatory Specialist II Supervisor

Letter Number: 113A00015912

**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. Fundacion para el Desarrollo del Hogar Propio, 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. Puerto Rico
(State or country under the law of which it is incorporated)
3. 66-0484507
(FEI number, if applicable)
4. _____
(Date of Incorporation)
5. Perpetual
(Duration: Year corp. will cease to exist or "perpetual")
6. N o t A p p l i c a b l e
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)
7. 324 Wilshire Blvd Casselberry FL 32707
(Principal office address)

PO Box 8425 Caguas, PR 00726-8425
(Current mailing address)
8. To provide educational, health, nutrition and social services to economically disadvantage families
(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: Joaquin Torres

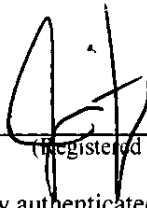
Office Address: 478 E Altamonte Dr 108 352

Altamonte Spring, Florida 32701
(City) (Zip Code)

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DEPT. OF STATE
TALLAHASSEE, FLORIDA

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: Carmen Villarini -Executive Director

Address: PO Box 8425 Caguas, PR 00726-8425

Vice Chairman: _____

Address: _____

Director: Hector Mendez

Address: PO Box 8425 Caguas, PR 00726-8425

Director: _____

Address: _____

B. OFFICERS

President: Maria del Pilar Seijo

Address: PO Box 8425 Caguas PR 00726-8425

Vice President: _____

Address: _____

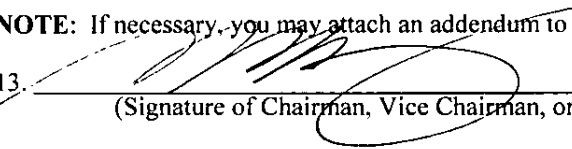
Secretary: Lucy Bonilla

Address: PO Box 8425 Caguas PR 00726-8425

Treasurer: Maria Cotto

Address: PO Box 8425 Caguas PR 00726-8425

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. Maria del Pilar Seijo - President
(Typed or printed name and capacity of person signing application)

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CLERK OF THE COURT
TALLAHASSEE, FLORIDA



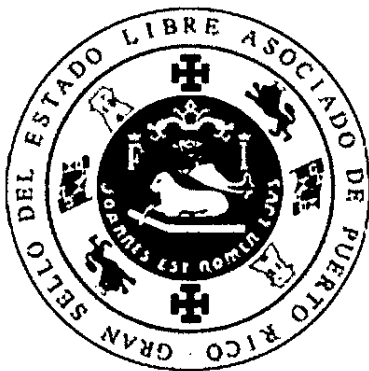
Commonwealth of Puerto Rico
DEPARTMENT OF STATE
San Juan, Puerto Rico

CERTIFICATE OF EXISTENCE

I, **DAVID E. BERNIER RIVERA**, Secretary of State of the Commonwealth of Puerto Rico,

CERTIFY: That, **FUNDACION PARA EL DESARROLLO DE HOGAR PROPIO INCORPORADO (F.D.H.P.)**, registry number **22479**, is a **domestic non-profit corporation**, organized on **March 12, 1992**, in accordance to the General Corporations Law, as amended.

This certification does not certify that this corporation has filed its annual reports, pursuant to the requirements of the General Corporations Law, as amended. If you need to know if such reports have been filed, you must request a Certificate of Good Standing.



IN WITNESS WHEREOF, the undersigned, by virtue of the authority vested by law, hereby issues this certificate and affixes the Great Seal of the Commonwealth of Puerto Rico, in the City of San Juan, Puerto Rico, today, **August 07, 2013**.

DAVID E. BERNIER RIVERA
Secretary of State

To validate this certificate go to: <http://www.estado.gobierno.pr>

This certificate can be validated up to 5 times before its expiration date of 03-Feb-2014.

Certificate Validation Number: **51279-29746662**

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CLERK OF STATE
TALLAHASSEE, FLORIDA

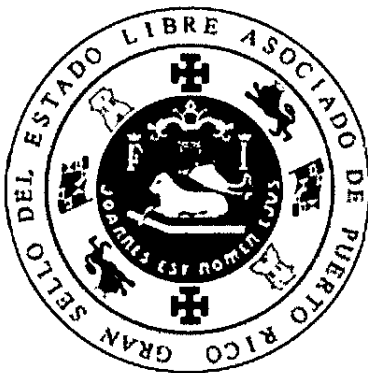


Commonwealth of Puerto Rico
DEPARTMENT OF STATE
San Juan, Puerto Rico

CERTIFICATE OF GOOD STANDING

I, **DAVID E. BERNIER RIVERA**, Secretary of State of the Commonwealth of Puerto Rico,

CERTIFY: That, **FUNDACION PARA EL DESARROLLO DE HOGAR PROPIO INCORPORADO (F.D.H.P.)**, register number **22479**, a **non-profit domestic** corporation, organized under the laws of Puerto Rico, has complied with the filing of its Annual Reports.



IN WITNESS WHEREOF, the undersigned by virtue of the authority vested by law, hereby issues this certificate and affixes the Great Seal of the Commonwealth of Puerto Rico, in the City of San Juan, Puerto Rico, today, **August 07, 2013**.

DAVID E. BERNIER RIVERA
Secretary of State

To validate this certificate go to: <http://www.estado.gobierno.pr>

This certificate can be validated up to 5 times before its expiration date of 03-Feb-2014.

Certificate Validation Number: **51244-56072925**



Estado Libre Asociado de Puerto Rico
DEPARTAMENTO DE ESTADO
San Juan, Puerto Rico

CERTIFICADO DE EXISTENCIA

Yo, **DAVID E. BERNIER RIVERA**, Secretario de Estado del Estado Libre Asociado de Puerto Rico,

CERTIFICO: Que, de acuerdo con nuestros archivos "**FUNDACION PARA EL DESARROLLO DE HOGAR PROPIO INCORPORADO (F.D.H.P.)**", registro número **22479**, es una **corporación sin fines de lucro** organizada a tenor con la Ley General de Corporaciones, según enmendada, el **12 de marzo de 1992**.

Esta certificación no implica que esta corporación haya cumplido con el requisito de radicar informes anuales conforme a la Ley General de Corporaciones, según enmendada. Si usted interesa saber si esta corporación ha rendido informes anuales, deberá solicitar una Certificación de Cumplimiento ("Good Standing").



EN TESTIMONIO DE LO CUAL, firmo el presente y hago estampar en él el Gran Sello del Estado Libre Asociado de Puerto Rico, en la ciudad de San Juan, Puerto Rico, hoy, **14 de junio de 2013**.

DAVID E. BERNIER RIVERA
Secretario de Estado

Para validar este certificado acceda a: <http://www.estado.gobierno.pr>

Este certificado podrá ser validado hasta 5 veces antes de la fecha de expiración 11-dic-2013.

Número de Validación del Certificado: **47395-75078773**