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SECRETARY OF STATE.
ALLAHASSEE, FLORIDA

MRD/8/13

COVER LETTER

TO: New Filing Section Division of Corporations SUBJECT: Mil Mujeres Inc.						
	tion - must include suffix					
Dear Sir or Madam:						
The enclosed "Application by Foreign Corporation "Certificate of Existence," or "Certificate of Good above referenced foreign corporation to transact but						
Please return all correspondence concerning this mark Haufrect	atter to the following:					
Name of Person						
Mil Mujeres Inc.						
Firm/Company						
1419 V St. NW Ste. 301						
Washington, DC 20009	ddress					
City/Sta	ite and Zip code					
mark@milmujeres.org						
E-mail address: (to be u	sed for future annual report notification)					
For further information concerning this matter, ple	ase call:					
Mark Haufrect at (20)	2 \ 560-5237					
	rea Code & Daytime Telephone Number					
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314					
Enclosed is a check for the following amount:						
■ \$70.00 Filing Fee □ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee, Certified Copy					

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

Mil Muje	res,Inc.			
	orporation; must include "INCORPORAT orp," "Inc," "Co," or "Corp.")	ΓED	," "COMPANY," "CORPORATION	,
(If name unavaila	ble in Florida, enter alternate corporate n	name	adopted for the purpose of transacting	g business in Florida)
, Maryland	d	3	26-1452972	
•	under the law of which it is incorporated)		(FEI number, if appli	icable)
_{1.} 12/13/20	07	5	Perpetual	
•	of incorporation)	_	(Duration: Year corp. will cease to	exist or "perpetual")
_{5.} NA				
			in Florida, if prior to registration) 502, F.S., to determine penalty liability	ty)
,7350 SW	' 89thSt. #1103 Mi∂	٤m	i, FL 33156	
· <u> </u>	(Principal office			 -
1419 V S	St. NW Ste. #301, Wa	asl	nington DC, 20009	
	(Current mailing	g ade	dress)	
Services	for victims of domes	stic	c violence and sexu	ıal assault.
(Purpose(s) of corporation authorized in home state	or c	ountry to be carried out in state of Flor	rida)
9. Name and stree	t address of Florida registered agent:	(P.	O. Box NOT acceptable)	13 14 14
Name:	Julio Larios			E S T
Office Address:	7350 SW 89th St. #	11	103	FILED OCT -7 PM ECRETARY OF S
	Miami		. Florida 33156	
	(City)		(Zip code)	2: 2 TATE LORIDA
Having been nam designated in this further agree to co	gent's acceptance: ed as registered agent and to accept application, I hereby accept the app omply with the provisions of all statu amiliar with and accept the obligation	oini ites	ment as registered agent and agro relative to the proper and comple	d corporation at the place ee to act in this capacity. I te performance of my
_			gionature)	
	(Registered ager	nt's 4	cionature)	

^{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 business addresses of officers and/or directors: A. DIRECTORS Chairman: Mark Haufrect Address: 1722 19th St NW #610, Washington, DC 20009 Vice Chairman: Director: Phil Hennessy Address: 11 Waverly Ave., Lowell, MA 01852 Director: Maria Fernanda Martinez 1419 V St. NW #301, Washington, DC 20009 **B. OFFICERS** President: Mark Haufrect 1722 19th St NW #610, Washington, DC 20009 Vice President: Address: Phil Hennessy Address: 11 Waverly Ave., Lowell, MA 01852 Treasurer: Mark Haufrect 1722 19th St NW #610, Washington, DC 20009 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. 14. Mark Haufrect, President

STATE OF MARYLAND Department of Assessments and Taxation

I, PAUL B. ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR THE RIGHTS OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

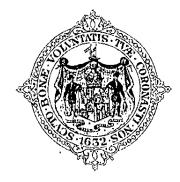
I FURTHER CERTIFY THAT MIL MUJERES, INC., INCORPORATED DECEMBER 13, 2007, IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS SEPTEMBER 20, 2013.

Paul B. Anderson Charter Division

Paul B. Undron

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SECRETARY OF STATE
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301 West Preston Street, Baltimore, Maryland 21201
Telephone Balto. Metro (410) 767-1340 / Outside Balto. Metro (888) 246-5941
MRS (Maryland Relay Service) (800) 735-2258 TT/Voice
Fax (410) 333-7097