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(Address)

(Address)

(City/State/Zip/Phone #)

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TO: New Filing Section
Division of Corporations

SUBJECT: CRISTINA SUAREZ MORGENLANDER HUMANITARIAN ORGANIZATION, 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:

CRISTINA SUAREZ MORGENLANDER + MICHAEL MORGENLANDER
Name of Person

CRISTINA SUAREZ MORGENLANDER HUMANITARIAN ORGANIZATION, INC.
Firm/Company

6609 LAKE CANE DR.
Address

ORLANDO, FL 32819
City/State and Zip Code

CSMHO.ORG@LIVE.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CRISTINA SUAREZ MORGENLANDER (714) 721-9987
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

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. CRISTINA SUAREZ MORGENLANDER HUMANITARIAN ORGANIZATION 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
(State or country under the law of which it is incorporated)

3. _____
(FEI number, if applicable)

4. 9/30/2006
(Date of Incorporation)

5. _____
(Duration: Year corp. will cease to exist or "perpetual")

6. 7/30/11
(Date first conducted affairs in Florida if prior to registration. *See sections 617.1501 & 617.1502, F.S, to determine penalty liability.*)

7. 6609 LAKE CANE DR. ORLANDO, FL 32819
(Principal office address)

6609 LAKE CANE DR. ORLANDO, FL 32819
(Current mailing address)

8. RELIEF TO THE POOR & UNDERPRIVILEGED BRINGING HOPE & SHARING THE TRUTH OF THE GOOD NEWS WITH EVERYONE WHERE GOD SENDS US. COMBATING JUVENILE DELINQUENCY THROUGH THE ARTS SO CHILDREN WILL GAIN CONFIDENCE & SELF DISCIPLINE, STRENGTHENING LOW-INCOME FAMILIES MEETING NOT ONLY PHYSICAL BUT SPIRITUAL NEEDS.
(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: MICHAEL MORGENLANDER

Office Address: 6609 LAKE CANE DR

ORLANDO (City), Florida 32819 (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.

_____
(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: CRISTINA SUAREZ MORGENLANDER

Address: 6609 LAKE CANE DR.
ORLANDO, FL 32819

Vice Chairman: _____

Address: _____

_____

Director: MICHAEL MORGENLANDER

Address: 6609 LAKE CANE DR.
ORLANDO, FL 32819

Director: JAN KREHBIEL

Address: 13020 OAK HILLS, #255-H
SEAL BEACH, CA 90740

B. OFFICERS

President: CRISTINA SUAREZ MORGENLANDER

Address: 6609 LAKE CANE DR.
ORLANDO, FL 32819

Vice President: MICHAEL MORGENLANDER

Address: 6609 LAKE CANE DR.
ORLANDO, FL 32819

Secretary: _____

Address: _____

Treasurer: JAN KREHBIEL

Address: 13020 OAK HILLS, #255-H SEAL BEACH, CA 90740

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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. MICHAEL MORGENLANDER VICE PRESIDENT
(Typed or printed name and capacity of person signing application)

State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

CRISTINA SUAREZ MORGENLANDER HUMANITARIAN ORGANIZATION, INC. (CSMHO)

FILE NUMBER:	C2681715
FORMATION DATE:	10/12/2004
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 November 02, 2013.

Debra Bowen

DEBRA BOWEN
Secretary of State

NSS