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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

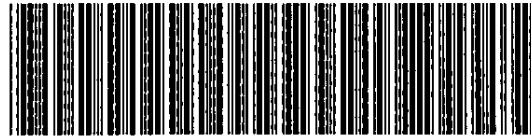
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**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Koginka SewaLuna 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", 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:

Theresa A. Panchura  
Name of Person

\_\_\_\_\_  
Firm/Company

17316 Jupiter Farms Rd.  
\_\_\_\_\_  
Address

Jupiter, Fl. 33478  
City/State and Zip Code

koginkafoundation@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Theresa A. Panchura at (561) 262-3550  
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

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**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. Koginka SewaLuna 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. North Carolina (State or country under the law of which it is incorporated)
- 3. 27-2919201 (FEI number, if applicable)
- 4. May 28, 2010 (Date of Incorporation)
- 5. Perpetual (Duration: Year corp. will cease to exist or "perpetual")
- 6. N/A  
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)
- 7. 12 1/2 Wall St. Suite "S" Asheville, NC. 28801 (Principal office address)  
12 1/2 Wall St. suite "S" Asheville, NC. 28801 (Current mailing address)

8. Charitable endeavors regarding planetary conservation  
(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: Theresa A. Panchura

Office Address: 17316 Jupiter Farms, Rd.

Jupiter, Florida 33478  
(City) (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**

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Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

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Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: Koginka Kamaru Xue

Address: 112 1/2 Wall St. Suite "S" Asheville, NC. 28801

Director: Beatriz Schmidt

Address: 12 1/2 Wall St. Suite "S" Asheville, NC. 28801

**B. OFFICERS**

President: Koginka Kamaru Xue

Address: 12 1/2 Wall St. Suite "S" Asheville, NC. 28801

Vice President: Beatriz Schmidt

Address: 12 1/2 Wall St. Suite "S" Asheville, NC. 28801

Secretary: Theresa A. Panchura

Address: 12190 185th St. N Jupiter, Fl. 33478

Treasurer: Roberta Speer

Address: 12 1/2 Wall St. Suite "S" Asheville, NC. 28801

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Theresa A. Panchura, SECRETARY  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. \_\_\_\_\_  
(Typed or printed name and capacity of person signing application)



# NORTH CAROLINA

## Department of the Secretary of State

### CERTIFICATE OF EXISTENCE

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

### KOGINKA SEWALUNA FOUNDATION, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 28th day of May, 2010, with its period of duration being Perpetual.

I FURTHER certify that the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Nonprofit Corporation Act; and that the said corporation has not filed articles of dissolution as of the date of this certificate.

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IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 27th day of January, 2014.

*Elaine F. Marshall*

Secretary of State



Scan to verify online.