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(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	me)		
(Do	cument Number)			
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COVER LETTER

Divis		rporations		
SUBJECT:	Nationa	Name of Corporation	Minorities Active In Co	ommunity Inc.
- 0 1		rume or corporation	index morade carrin	
Dear Sir or M	adam:			
Affairs in Flor	rida", "Cei	ion by Foreign Not for Profit rtificate of Existence", or "C enced not for profit corporati	ertificate of Status" and ch	eck are submitted to
Please return a	all corresp	ondence concerning this ma	tter to the following:	
		Tameka	Taylor	
		Name o	f Person	
	Nationa	al Empowerment For Min	orities Active In Commu	nity Inc.
		Firm/C	ompany	
		4400 Sta	amp Road	
		Suite	211B	
		Ado	lress	
		Marlow Heig	ghts,MD 2074	8
		City/State a	nd Zip Code	
	tame	eka.taylor@ne	macfoundatio	n.org
	E-m	ail address: (to be used for t	uture annual report notifica	ation)
For further in	formation	concerning this matter, pleas	se call:	
Tamek	ка Та	ylor at (800 ,669-970	09
	Name o	of Person	Area Code & Daytime Te	lephone Number
New I Divisi P.O. I	LING AD Filing Sec ion of Cor Box 6327 hassee, FL	tion porations	New Filing Se Division of Co Clifton Buildi	orporations ng ve Center Circle
Enclosed is a	check for	the following amount:		
□ \$70.00 Fil	ing 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:

, National En	npowerment For Minoritie	es Active In	Community,Inc			
(Name of corporation import in language as in the name at presen	i: must include the word "INCORPORA's will clearly indicate that it is a corporat t. "Company" or "Co." may not be used	TED" or "CORPO ion instead of a nat as a corporate suffi	RATION" or words or abbural person or partnership x by a nonprofit corporation	reviations if not so co on.)	of like ontained	d
₂ Ma	aryland	3	27-4557160			
(State or country u	aryland nder the law of which it is incorporated)	J(FEI number, if applicable)			
_{4.} Jar	nuary 14, 2011	5.	Perpetual			
		(Duration: Ye	ar corp, will cease to exist	or "perpet	ual")	
_{6.} March 7, 20)14					
(Date first conducted	affairs in Florida if prior to registration. So	ee sections 617.150	1 & 617.1502, F.S, to deter	mine penal	ty liabil	ity.)
3109 Grand	Avenue, Miami Florida	33133				
7. 		l office address)				
1100.00	5 10 11 01 15 11					
4400 Stamp	Road Suite 211B, Marlov		naryland 20748			
	(Curren	t mailing address)				
۵.	training to battered women & children of dome			lisabled indi	viduals.	
(Purpose(s) of corpo	ration authorized in home state or countr	y to be carried out	in the state of Florida)	,	-X-	0
9. Name and street ac	ddress of Florida registered agent: (P	P.O. Box NOT ac	centable)	<u>></u> +- ∑t		
					J.	4.7
Name:	Tameka Taylor			*	4.	,
	<u> </u>				25	• •
Office Address:	3109 Grand Avenue) ,		v.		
				±ាំ មានក្រ	<u>သ</u>	
	Miami (City)	. Florida	33133	3-		
	(City)		(Zip Code)			
10. Registered ages	nt's acceptance: as registered agent and to accept se	mina of manace	for the above stated cor	noration	at the	nlaco
designated in this an	plication. I hereby accept the appoi	ntment as registi	ered agent and agree to	act in the	is cana	icity. I
further agree to com	ply with the provisions of all statute iliar with and accept the obligation	es relative to the .	proper and complete pe	rforman	ce of n	n,
aunes, una 1 um juni	nitur with and accept the obligation.	s of my position	as registerea agent.			
		/				
	10 0 1	a /				
_	Kamela X	Who		_		
-		d agent's signature				
11 Attached is a cer	tificate of existence duly authentical	of not more than	n 90 days prior to delive	ry of this	anntic	ation to
the Department	of State, by the Secretary of State or	other official hav	ing custody of corporate	e records	in the	unon it
jurisdiction unde	er the law of which it is incorporated		~ · ·			

12. Names and addresses of officers and/or directors

A	IN	DГ	CTO	DC	

Chairman: I ameka Taylor	_		
Address: 3109 Grand Avenue, Miami Florida 33133			
Vice Chairman: Sabrina Merritt			
Address: 3109 Grand Avenue, Miami Florida 33133			
Director:			
Address:	<u> </u>		
		¥ 4	
Director:		1	***
Address: 4400 Stamp Road Suite 211B	-		ĺ.
	7	12.	:
B. OFFICERS	Le : : .	<u>လ</u>	
President: Stant Scott			
Address: 4400 Stamp Road Suite 211B, Marlow Heights, Md 20748			
Vice President: Jeffery Melvin			
Address: 4400 Stamp Road Suite 211B, Marlow Heights, Md 20748			
Secretary: Tara Battle			
Address: 4400 Stamp Road Suite 211B, Marlow Heights, Md 20748			
Treasurer: Lorenzo Bundy			
Address: 4400 Stamp Road Suite 211B, Marlow Heights, Md 20748			
NOTE: If necessary, you may attach an addengum to the application listing additional officers and	or dire	ctors.	
13. (Signature of Chairman, Vice Chairman, Jr any officer listed in number 12 of the applic	otion)		_
Tameka Taylor - Executive Director/CEO	ation)		
(Typed or printed name and capacity of person signing application)			-

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.

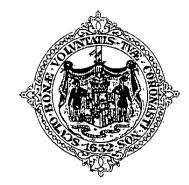
I FURTHER CERTIFY THAT NATIONAL EMPOWERMENT FOR MINORITIES ACTIVE IN COMMUNITY.

INC, INCORPORATED JANUARY 14, 2011, 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 FEBRUARY 24, 2014.

Paul B. Andrew

Paul B. Anderson Charter Administrator



301 West Preston Street, Baltimore, Maryland 21201
Telephone Balto. Metro (410) 767-1344 / Outside Balto. Metro (888) 246-5941
MRS (Maryland Relay Service) (800) 735-2258 TT/Voice
Fax (410) 333-7097

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