(Pa	equestor's Name)				
(Re	questoi s maine)				
(A.I	\dan \				
(Address)					
(Ad	ldress)				
(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
_		<u> </u>			
(Bu	siness Entity Nan	ne)			
DCI)	Silless Ellity Ivali	ne)			
(D-					
(Do	cument Number)				
-					
Certified Copies	_ Certificates	of Status			
Special Instructions to	Filing Officer:				

Office Use Only



300260379753

05/20/14--01010--013 **70.00

TALLAHASSEE OF SEE

mo 5/22

COVER LETTER

то:	FO: New Filing Section Division of Corporations					
CUDI	ECT. The Urb	oan Empowerment Fund				
SUDJ	ECT:	Name of Corporat	ion – must include suffix			
Dear S	ir or Madam:					
"Certif	icate of Existend		Standing" and check are subm	ion to Conduct its Affairs in Florida", itted to register the above referenced		
Please	return all corres	pondence concerning this m	atter to the following:			
		Stepiianie DeVane		<u>. </u>		
			Name of Person			
		The Urban Empowerme	ent Fund			
			Firm/Company			
	120 Wall Street, 8th Floor					
			Address			
		New York, NY 10005				
			ity/State and Zip Code			
			1			
		vane@nul.org				
	E-n	hall address: (to be used for	future annual report notificati	ion)		
For fu	ther information	concerning this matter, plea	ase call:			
Jacqu	eline Smith		(212) 558-5345			
		of Person at	Area Code & Daytime Tel	ephone 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				
Enclos	ed is a check for	the following amount:				
⊠ \$70	0.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	S78.75 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. The Urban	Empowerment Fund, LNC.			
(Name of corpo	ration: must include the word "INCORPORAT age as will clearly indicate that it is a corporation resent. "Company" or "Co." may not be used as	n instead of a natural person or narmership if n	nt so contain	ed
2. Delaware		90-0853595	<u>_</u> ,	
(State or cour	ntry under the law of which it is incorporated)	(FEI number, if applicable)		7.
4. July 7, 201	1 5	Perpetual (Duration: Year corp., will cease to exist or "	₽ë	₹ .
(1	Date of Incorporation)	(Duration: Year corp. will cease to exist or "	perpetual")	3
6			ريدين	20
(Date first cond	ucted affairs in Florida if prior to registration. See	sections 617.1501 & 617.1502, F.S., to determine	penally diabil	
7 120 Wall S	treet, 8th Floor, New York, New York 1	0005	~ Z-S	= (
/·	(Principal o	office address)	70.5	∵ ∨n
Same				73
Suite	(Current r	nailing address)		,
	(-2.5			
Provide loa	ns and business advisory services to mi	nority owned small businesses.		
8. (Purpose(s) of	ns and business advisory services to min corporation authorized in home state or country	to be carried out in the state of Florida)		•
9. Name and stre Name:	cet address of Florida registered agent: (P.O. Corporation Service Company	. Box <u>NOT</u> acceptable)		
Office Address:	1201 Hays Street	_		
	Tallahassee	, Florida 32301		
•	(City)	(Zip Code)		
Having been na designated in th further agree to	agent's acceptance: med as registered agent and to accept serv, is application, I hereby accept the appoint comply with the provisions of all statutes i ar with and accept the obligations of my po	nent as registered agent and agree to act it elative to the proper and complete perforn	n this capac	itv. I
	•			

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: See Attachment	
Address:	
	A R
	Y 20
Vice Chairman:	<u> </u>
Address:	— ÜS ≧ ſ
	FLORE C
Director:	30 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
Address:	·
Director:	
Address:	
B. OFFICERS	
President: Donald Bowen	
Address: 120 Wall Street, 8th Floor	
New York, NY 10005	
Vice President:	
Address:	
Secretary:	
Address:	
Treasurer: SVP & Chief Credit Officer: Stephanie DeVane	
Address: 120 Wall Street, 8th Floor, New York, NY 10005	
NOTE: If necessary, you may attach ar addendum to the application listing additional officers and	Nor directors
1 Von alexandre	roi directors.
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application of the applicat	cation)
Donald E. Bowen, President & CEO	
(Typed or printed name and capacity of person signing application)	



12. Names and addresses of officers and/or directors:

JON R. CAMPBELL

Chair 120 Wall Street, 8th Floor New York, NY 10005

KHARY P. BARNES

Treasurer 120 Wall Street, 8th Floor New York, NY 10005

SAMUEL H. HOWARD

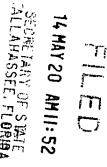
Secretary 120 Wall Street, 8th Floor New York, NY 10005

MARC H. MORIAL

Director 120 Wall Street, 8th Floor New York, NY 10005

MARK PINSKY

Director 120 Wall Street, 8th Floor New York, NY 10005



Delaware

PAGE

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF TO DELAWARE, DO HEREBY CERTIFY "THE URBAN EMPOWERMENT FUND" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FOURTH DAY OF FEBRUARY, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "THE URBAN EMPOWERMENT FUND" WAS INCORPORATED ON THE SEVENTH DAY OF JULY,

A.D. 2011.

5007321 8300

140218534

AUTHENTY CATION: 1154063

DATE: 02-24-14

You may verify this certificate online at corp.delaware.gov/authver.shtml