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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

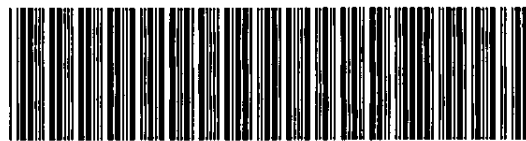
(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11/6/14

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Mapendo Inc dba Nuru Ya Mapendo
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 Good Standing" 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:

Melissa Wise
Name of Person

Mapendo Inc
Firm/Company

dba Nuru Ya Mapendo

2023 Pamela Dr.
Address

Holiday, FL 34690
City/State and Zip Code

NYM-Melissa@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Melissa Wise at (727) 793-7970
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

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TALLAHASSEE, FLORIDA

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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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 20, 2014

MELISSA WISE
2029 PAMELA DRIVE
HOLIDAY, FL 34690

SUBJECT: MAPENDO INC DBA NUVU YA MAPENDO
Ref. Number: W14000063707

NURU

We have received your document for MAPENDO INC DBA ~~NUVU~~ YA MAPENDO and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Claretha Golden
Regulatory Specialist II
New Filing Section


Letter Number: 414A00022430

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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14 NOV -4 AM 9:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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. Mapendo Inc ~~Mapenda Inc~~ ^{msw}
(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. Ohio
(State or country under the law of which it is incorporated)
3. 46-1895599
(FEI number, if applicable)
4. 12/31/2012
(Date of Incorporation)
5. perpetual
(Duration: Year corp. will cease to exist or "perpetual")
6. 8/26/14 (banking only being conducted)
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S., to determine penalty liability.)
7. 2029 Pamela Dr. Holiday, FL 34690
(Principal office address)
2029 Pamela Dr. Holiday, FL 34690
(Current mailing address)
8. Charitable, Religious, and educational purposes under Section 501(c)(3) of the Internal Revenue Code
(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: Northwest Registered Agent, LLC.
Office Address: 3030 N. Rocky Point Dr. STE 150A
Tampa, Florida 33607
(City) (Zip Code)
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.

Dan Keen-Manager
(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.

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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Jane Wise

Address: 202 N. 10th St. Apt. D.
Miamisburg, OH 45342

Vice President: Rob Smith

Address: 15 Thistlewood Pl.
The Woodlands, TX 77381

Secretary: Melissa Wise

Address: 2029 Pamela Dr. Holiday, FL 34690

Treasurer: Melissa Wise

Address: 2029 Pamela Dr. Holiday, FL 34690

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

13. Melissa Wise
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Melissa Wise, Secretary/Treasurer
(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE**

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show MAPENDO, INC., an Ohio a not for profit Corporation, Charter No. 2162197, having its principal location in Beavercreek, County of Montgomery, was incorporated on December 31, 2012, and is currently in GOOD STANDING upon the records of this office.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



*Witness my hand and the seal of the
Secretary of State at Columbus, Ohio
this 6th day of October, A.D. 2014.*

Jon Husted

Ohio Secretary of State