

F15000007092

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

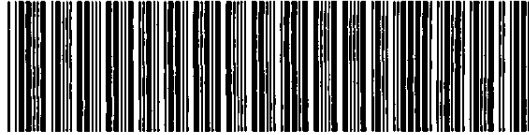
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900274607669

07/02/15--01006--001 \*\*70.00

FILED  
15 JUL 14 PM 6:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUL 15 2015  
J SHIVERS

## COVER LETTER

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

**SUBJECT:** MARIN FAMILY ACTION

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:

MANNY FERNANDEZ

Name of Person

MARIN FAMILY ACTION

Firm/Company

11500 MAHOGANY RUN

Address

FORT MYERS FL 33913

City/State and Zip Code

rlimmer@comcast.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RICHARD LIMMER

Name of Person

at ( 415 ) 823-4171

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. **MARIN FAMILY ACTION 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.)

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. **CALIFORNIA**

(State or country under the law of which it is incorporated)

3. **56-2575793**

(FEI number, if applicable)

4. **04/13/2006**

(Date of Incorporation)

5. **PERPETUAL**

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

6. **07/01/2015**

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

7. **7049 REDWOOD BLVD., SUITE 211, NOVATO CA 94945**

(Principal office address)

**11500 MAHOGANY RUN, FORT MYERS FL 33913**

(Current mailing address)

8. **EMPOWER LOW-INCOME FAMILIES TO IMPROVE QUALITY OF LIFE**

(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: **MANUEL FERNANDEZ**

Office Address: **11500 MAHOGANY RUN**

**FORT MYERS**

(City)

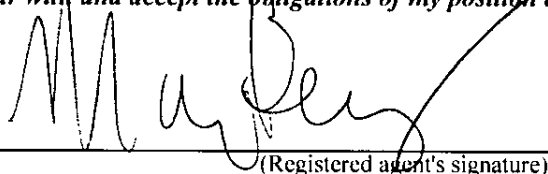
, Florida **33913**

(Zip Code)

15 JUL 14 PM 6:58  
RECEIVED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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: MONICA BRAZIL

Address: P O BOX 4442, SAN RAFAEL CA 94903-4442

Vice Chairman: DIANNE LEVY

Address: P O BOX 4442, SAN RAFAEL CA 94903-4442

Director: RICHARD LIMMER

Address: P O BOX 4442, SAN RAFAEL CA 94903-4442

Director: \_\_\_\_\_

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

**B. OFFICERS**

President: MANNY FERNANDEZ

Address: P O BOX 4442, SAN RAFAEL CA 94903-4442

Vice President: \_\_\_\_\_

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

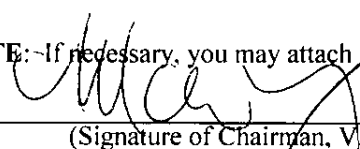
Secretary: DIANNE LEVY

Address: P O BOX 4442, SAN RAFAEL CA 94903-4442

Treasurer: RICHARD LIMMER

Address: P O BOX 4442, SAN RAFAEL CA 94903-4442

**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. MANNY FERNANDEZ  
(Typed or printed name and capacity of person signing application)

15 JUL 14 PM 6:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**State of California**  
**Secretary of State**

**CERTIFICATE OF STATUS**

**ENTITY NAME:**

**MARIN FAMILY ACTION**

**FILE NUMBER:** C2864828  
**FORMATION DATE:** 04/13/2006  
**TYPE:** DOMESTIC NONPROFIT CORPORATION  
**JURISDICTION:** CALIFORNIA  
**STATUS:** ACTIVE (GOOD STANDING)

I, ALEX PADILLA, 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 June 18, 2015.

A handwritten signature in black ink, appearing to read "Alex Padilla".

**ALEX PADILLA**  
Secretary of State