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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 26 2015

T. HAMPTON

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Foundation of the National Student Nurses Association, 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:

Jasmine Melendez

Name of Person

Foundation of the National Student Nurses Association, Inc.

Firm/Company

45 Main Street

Suite 606

Address

Brooklyn, NY 11201

City/State and Zip Code

Jasmine@nsna.org

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

For further information concerning this matter, please call:

Jasmine Melendez

Name of Person

at (**718**) **210-0705 x118**

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:

- | | | | |
|--|--|---|---|
| <input checked="" type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee,
Certificate of Status &
Certified Copy |
|--|--|---|---|

AUG 03 2015

**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. Foundation of the National Student Nurses Association, 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. Delaware 3. 13-3123125
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 12/19/1969 5. Perpetual
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 45 Main Street, Suite 606, Brooklyn, NY 11201
(Principal office address)

45 Main Street, Suite 606. Brooklyn, NY 11201
(Current mailing address)

8. **Fundraising for undergraduate nursing scholarships.**
(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: InCorp Services, Inc.

Office Address: 17888 67th Court North

Loxahatchee, Florida 33470
(City) (Zip Code)

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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.

K. Blom on behalf of InCorp Services, Inc.
(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

AUG 03 201

A. DIRECTORS

Chairman: Jenna Sanders
Address: 45 Main Street, Suite 606
Brooklyn, New York 11201

Vice Chairman: Kenya Haney
Address: 45 Main Street, Suite 606
Brooklyn, New York 11201

Director: David Mehok
Address: 45 Main Street, Suite 606
Brooklyn, New York 11201

Director: Robert Hess
Address: 45 Main Street, Suite 606
Brooklyn, New York 11201

B. OFFICERS

President: Jenna Sanders
Address: 45 Main Street, Suite 606
Brooklyn, New York 11201

Vice President: Kenya Haney
Address: 45 Main Street, Suite 606
Brooklyn, New York 11201

Secretary: Patrick Hickey
Address: 45 Main Street, Suite 606, Brooklyn, New York 11201

Treasurer: Lola Fehr
Address: 45 Main Street, Suite 606, Brooklyn, New York 11201

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

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

14. Lola Fehr, Treasurer
(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FOUNDATION OF THE NATIONAL STUDENT NURSES' ASSOCIATION" 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 NINTH DAY OF JUNE, A.D. 2015.


AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CORPORATION IS AN EXEMPT CORPORATION.



0737327 8300C

150724057

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


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 2451320

DATE: 06-09-15