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2015 OCT 26 P 3: OT SECRETARY OF STATE

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COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: Karma Connects, NP						
Name of Corporation – must include suffix						
Dear Sir or Madam:						
The enclosed "Application by Foreign Not for Profit Corporati Affairs in Florida", "Certificate of Existence", or "Certificate of register the above referenced not for profit corporation to cond	of Status" and check are submitted to					
Please return all correspondence concerning this matter to the	following:					
Mary Martinez						
Name of Person						
Karma Connects, NP						
Firm/Company						
12656 N 150th Ct						
Address						
Surprise, AZ 85379						
City/State and Zip Code						
mary@karmaconnects.com						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Mary Martinez 520	603-2286					
Name of Person Area Code	Daytime Telephone Number					
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301					
Enclosed is a check for the following amount:						
_	Filing Fee & S87.50 Filing Fee, ied Copy 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:

ı∕a (If name unava	ilable in Florida, enter alternate corpora	te name adopted for the purpose of transacting business in Florida)
(11 11411)	maste in French, enter anomate corpora	to name adopted for the purpose of managering dataness in Florida,
Arizona		3 47-2417046
(State or cou	ntry under the law of which it is incorpor	rated) (FEI number, if applicable)
11/19/2014		5. ^{n/a}
(I	Date of Incorporation)	(Date of duration, if other than perpetual)
We have not	conducted affairs in Florida as of yet.	
(Date first cond	ucted affairs in Florida if prior to registrati	on. See sections 617.1501 & 617.1502, F.S, to determine penalty liability
12656 N 150th	Ct Surprise, AZ 85379	
	(Pri	ncipal office address)
	`	•
12656 N 150tł	Ct Surprise, AZ 85379	
	(Current n	nailing address, if different)
	ey to help out other non-profits and help	country to be carried out in the state of Florida)
Name and str	eet address of Florida registered age	
	eet address of Florida registered age	nt: (P.O. Box NOT acceptable)
Name:	eet address of Florida registered age	nt: (P.O. Box NOT acceptable)
Name:	eet address of Florida registered ager Teri Henry 2402 Camryns Crossing	nt: (P.O. Box NOT acceptable) RECRETARY OF THE PROPERTY OF T
Name:	eet address of Florida registered ages Teri Henry 2402 Camryns Crossing Panama City	nt: (P.O. Box NOT acceptable) ABUT ACCEPTABLE OF STARRY
	eet address of Florida registered ager Teri Henry 2402 Camryns Crossing	nt: (P.O. Box NOT acceptable) PER PROPERTY OF STARY OF S
Name: ffice Address:	Teri Henry 2402 Camryns Crossing Panama City (City)	nt: (P.O. Box NOT acceptable) RECRETARY SET OF STARRY POST
Name: fice Address:	Teri Henry 2402 Camryns Crossing Panama City (City) agent's acceptance:	nt: (P.O. Box NOT acceptable) ARE LARY OF STARY
Name: fice Address: Registered trying been not signated in the	Teri Henry 2402 Camryns Crossing Panama City (City) agent's acceptance: med as registered agent and to accept application, I hereby accept the desired agent and to accept the desired agent	nt: (P.O. Box NOT acceptable) Compared to the process for the above stated corporation at the proposition
Name: ffice Address: 0. Registered aving been national arther agree to	Teri Henry 2402 Camryns Crossing Panama City (City) agent's acceptance: med as registered agent and to accept a polication, I hereby accept the acceptance of all succepts with the provisions of all succepts.	nt: (P.O. Box NOT acceptable) Compared to the proper and complete performance of my service of process for the proper and complete performance of my
Name: ffice Address: 0. Registered aving been national arther agree to	Teri Henry 2402 Camryns Crossing Panama City (City) agent's acceptance: med as registered agent and to accept a polication, I hereby accept the acceptance of all succepts with the provisions of all succepts.	nt: (P.O. Box NOT acceptable) Compared to the process for the above stated corporation at the plappointment as registered agent and agree to act in this capacity.
Name: ffice Address: O. Registered aving been nasignated in the other agree to	Teri Henry 2402 Camryns Crossing Panama City (City) agent's acceptance: med as registered agent and to accept a polication, I hereby accept the acceptance of all succepts with the provisions of all succepts.	ept service of process for the above stated corporation at the propointment as registered agent and agree to act in this capacitatutes relative to the proper and complete performance of my
Name: fice Address: O. Registered wing been no signated in the other agree to	Teri Henry 2402 Camryns Crossing Panama City (City) agent's acceptance: med as registered agent and to accept a polication, I hereby accept the acceptance of all succepts with the provisions of all succepts.	ept service of process for the above stated corporation at the plane pointment as registered agent and agree to act in this capacitatutes relative to the proper and complete performance of my
Name: fice Address: Registered wing been no signated in the	Teri Henry 2402 Camryns Crossing Panama City (City) agent's acceptance: med as registered agent and to accept a polication, I hereby accept the acceptance of a policy and the provisions of all succept the acceptance of a policy with the provisions of all succeptance of a policy with and accept the obligation.	ept service of process for the above stated corporation at the plane pointment as registered agent and agree to act in this capacitatutes relative to the proper and complete performance of my

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. DIR	RECTORS			
Chairma	Raul Martinez n:			
Address:	12656 N 150th Ct			
	Surprise, AZ 85379			
Vice Cha	Mary Martinez			
Address:	12656 N 150th Ct			
11441055	Surprise, AZ 85379			
Director	Robert Jimenez			
Address:	3925 Del Rey Dr			
_	San Bernardino, CA 92404			
Director	Ricardo Valle			
Address:	7127 Riley Dr		_	
	Fontana, CA 92336			>MARTINE
R OF	FICERS			Continues Continues F
Presiden	Teri Henry	3355 378 870	26	
Address:	2402 Camryns Crossing	FLOI	ل ښ	O
-	Panama City, FL. 32405	25 A S	: 02	
Vice Pre	n/a sident:			
Address		•		
Secretary	n/a y:			
Address:				
Treasure	n/a r:	,		
Address:				.
13.	If necessary, you may attach an addendum to the application listing additional officer listed in number 12 of the application listing additional officer listed in number 12 of the application listing additional officer listed in number 12 of the application listing additional officer listed in number 12 of the application listing additional officer listed in number 12 of the application listing additional officer listed in number 12 of the application listing additional officer listed in number 12 of the application listing additional officer listed in number 12 of the application listing additional officer listed in number 12 of the application listing additional officer listed in number 12 of the application listing additional officer listed in number 12 of the application listing additional officer listed in number 12 of the application listing additional officer listed in number 12 of the application listed in number 12 of the applicati	e applica		ctors.
	(Typed or printed name and capacity of person signing application	7		

Directors.

Ilda Jimenez

3925 Del Rey Dr

CA San Bernardino, AZ 92404

Laura Valle

7127 Riley Dr

Fontana, CA 92336

2015 OCT 26 P 3: 02





STATE OF ARIZONA



Office of the CORPORATION COMMISSION

CERTIFICATE OF GOOD STANDING

To all to whom these presents shall come, greeting:

I, Jodi A. Jerich, Executive Director of the Arizona Corporation Commission, do hereby certify that

KARMA CONNECTS NP.

a domestic nonprofit corporation organized under the laws of the State of Arizona, did incorporate on November 19 2014.

I further certify that according to the records of the Arizona Corporation Commission, as of the date set forth hereunder, the said corporation is not administratively dissolved for failure to comply with the provisions of the Arizona Nonprofit Corporation Act; and that its most recent Annual Report, subject to the provisions of A.R.S. sections 10-3122, 10-3123, 10-3125, & 10-11622, has been delivered to the Arizona Corporation Commission for filing; and that the said corporation has not filed Articles of Dissolution as of the date of this certificate.

This certificate relates only to the legal existence of the above named entity as of the date issued. This certificate is not to be construed as an endorsement, recommendation, or notice of approval of the entity's condition or business activities and practices.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the Arizona Corporation Commission. Done at Phoenix, the Capital, this 14th day of October, 2015, A. D.



Jodi A. Jerich, Executive Director

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