## F16000000228

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
<u></u>	₩AIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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JAN 1 5 2016 J SHIVERS



### FLORIDA DEPARTMENT OF STATE Division of Corporations

December 16, 2015

TAN NGUYEN 2871 MALCOLM DR DELTONA, FL 32738

SUBJECT: WAKE BUDDHIST CENTER

Ref. Number: W15000080774

We have received your document for WAKE BUDDHIST CENTER and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

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) 245-6051.

Justin M Shivers
Regulatory Specialist III
Registration/Qualification Section

Letter Number: 515A00026361

## **COVER LETTER**

TO:	Registration Se Division of C	orporations			
SUBJ	ECT: Wake Bud	ddhist Center			
SODO		Name of Corporati	on – must in	clude suffix	
Dear S	ir or Madam:				
Affairs	s in Florida", "Ce	tion by Foreign Not for Profertificate of Existence", or "Cenced not for profit corporat	Certificate of	f Status" and cl	neck are submitted to
Please	return all corres	pondence concerning this ma	atter to the fe	ollowing:	
	Tan Ng	uyen			
		. Name o	of Person		
	Wake E	Buddhist Center			
	<u></u>	Firm/C	Company		<del></del>
	2871 M	alcolm Dr			
	<del></del>	Ad	dress		
	Deltona	FL 32738			
		City/State a	ınd Zip Code	<del> </del>	<del></del>
	Chuathu	uyentoncary@gmail.com			
	E-n	nail address: (to be used for	future annua	l report notific	ation)
For fur	ther information	concerning this matter, plea	se call:		
KieuL	oan Maynard	at (	336	501-8028	
	Name o	of Person	Area Code	Daytime Te	lephone Number
	MAILING AB Registration Se Division of Cor P.O. Box 6327 Tallahassee, FL	ection rporations		Registration S Division of C Clifton Build	orporations ing ve Center Circle
Enclos	ed is a check for	the following amount:			
<b>57</b> 0	0.00 Filing Fee	▼\$78.75 Filing Fee & Certificate of Status		Filing Fee & ed 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:

If name unava	ilable in Florida, enter alternate cor	porate name adopted for the purpose of transacting busing	ness in Florida)
North Carolina		47-1027038	
lune 4th 2014	ntry under the law of which it is inco	* *	
(1	Pate of Incorporation)	5. (Date of duration, if other than p	perpetual)
871 Malcolm I	Dr. Deltona FL 37238	istration. See sections 617.1501 & 617.1502, F.S. to determ	nine penalty liabilit
		(Principal office address)	
	corporation authorized in home state	and to prorogate the Buddha Dharma e or country to be carried out in the state of Florida) agent: (P.O. Box NOT acceptable)	16 JAN 14 SECRETARY TAELAHASSE
	-	<u>;</u>	•••
	Tan Nguyen		PO R IN
Name:	Tan Nguyen  2871 Malcolm Dr	32739	- 7
Name:	Tan Nguyen  2871 Malcolm Dr	32738 S , Florida(Zip Code)	

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

Chairma	n:			
Address:				
Vice Ch				
	airman:			
Address:			<u>.</u>	
	Tan Nguyen			<del></del>
Director	: 2871 Malcolm Dr Deltona FL 32738			
Address:				
Director				
Address:			<u>.</u>	
B. OF	FICERS	5		
Presiden	Tan Nguyen		5	
riesiden	t:	<del>- 1</del> 13	<u>≨</u>	
Address:	<u> </u>	- <del>SS</del>		
		<u> </u>	•	Hara hi
			<del></del>	111
Vice Pre	sident:		<del>7.</del> 5	1111
Address:			60	
	KieuLoan Maynard			
Secretary	y:			
Address:	2871 Malcolm Dr Deltona FL 32738  Quy Le			
Treasure	er: 2871 Malcolm Dr Deltona FL 32738			
Address:				
NOTE.	If accessory and the second se	1/ 1		
NOTE:	If necessary, you may attach an addendum to the application listing additional officers			•.
13	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the ap			
14	TAN NGUYEN (Typed or printed name and capacity of person signing application)			
	(Typed or printed name and capacity of person signing application)			



# NORTH CAROLINA Department of the Secretary of State

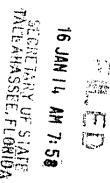
#### CERTIFICATE OF EXISTENCE

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

#### WAKE BUDDHIST CENTER

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 4th day of June, 2014, with its period of duration being Perpetual.

I FURTHER certify that the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Nonprofit Corporation Act; and that the said corporation has not filed articles of dissolution as of the date of this certificate.







Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 27th day of October, 2015.

6 laine I. Marshall

Secretary of State

Certification# 97616153-1 Reference# 12781393- Page: 1 of 1 Verify this certificate online at www.secretary.state.nc.us/verification