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Certified Copies	Certificate	s of Status
Special Instructions to F	iling Officer:	

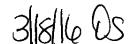
Office Use Only



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SECRETARY OF STATE



COVER LETTER

TO:	Registration Son Division of C				
SURI	ECT:	NATIONAL	COMMUNIT	Y ADVANCEM	ENT, INC.
БО В	EC1	Name of Corporati	on – must in	clude suffix	
Dear S	Sir or Madam:				
Affair	s in Florida", "Ce	tion by Foreign Not for Profi ertificate of Existence", or "C renced not for profit corporat	Certificate of	'Status" and che	ck are submitted to
Please	return all corres	pondence concerning this ma	atter to the fo	ollowing:	
		STEPHEN M	ICCULLOUG	Н	
		Name o	of Person		
		AFFORDAB	LE PROFESS	IONAL SERVIC	ES
		Firm/C	Company		
		2702 WEST (OAKLAND P	ARK BOULEVA	RD
		SUITE A			16 SEC
		Ad	dress		SRELL AND TO
		FORT LAUI	DERDALE, F	L 333 11	
		City/State a	and Zip Code	,	Tho HI
		-	PROSERV.CO		FOR F
	E-r	nail address: (to be used for	future annua	l report notificat	tion) 29
For fu	rther information	n concerning this matter, plea	ase call:		
		N MCCULLOUGH at (954	565-9929	
Warman 1 2	Name	of Person	Area Code	Daytime Tele	phone Number
	MAILING AI Registration So Division of Co P.O. Box 6327 Tallahassee, Fl	ection rporations		Registration Se Division of Co Clifton Building	orporations ng e Center Circle
Enclos	sed is a check for	the following amount:			
□ \$70	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:

MATIONIAL COMMITMITM ADMANICEMENT INC

If name unavailab	le in Florida, enter alternate corporate nar	me adopted for the	purpose of transacting b	ousiness in Florida)
Γ	DELAWARE under the law of which it is incorporated)	3.	46-0788073	
Ju	of Incorporation)	5	6 1	
	upon qua d affairs in Florida if prior to registration. So	alification	01 0 217 1500 F.G.	
36	640 NORTH FEDERAL HIGHWAY, SU		MPANO BEACH, FL 33	3064
	(Principa	al office address)		
	(Current mailin	ng address, if diffe	rent)	6
				第三人 医一种
	CHARITABLE / BREAST CANoration authorized in home state or country	CER AWARENE	SS & PREVENTION	- 15 T
Purpose(s) of corp	oration authorized in nome state or count	ry to be carried ou	it in the state of Florida)	mag en in
Name and street a	address of Florida registered agent: (F	P.O. Box <u>NOT</u> a	cceptable)	ED NH 4: 29 OF STATE EE, FLORIDA
				4: 2 ATE
Name:	KERRY SHARON			
ffice Address:	3640 NORTH FEDERAL HIGHV	WAY, SUITE B3 #	! 712	
	POMPANO BEACH	, Florida	33064	
	(City)		(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

Chairman:	KERRY SHARON	
Address:	3640 NORTH FEDERAL HIGHWAY, SUITE B	3 #712
	POMPANO BEACH, FL 33064	
Vice Chairman:	TAMMY OGLE	
	3640 NORTH FEDERAL HIGHWAY, SUITE B	3 #712
Address.	POMPANO BEACH, FL 33064	· · · · · · · · · · · · · · · · · · ·
Director	ROBERT CAMPBELL	
Director:	3640 NORTH FEDERAL HIGHWAY, SUITE B	3 #712
Address:	POMPANO BEACH, FL 33064	
Director:		
Address:		
B. OFFICERS		ALC IS
President:	KERRY SHARON	FIL MAR I RETAR ANASS
Address:	3640 NORTH FEDERAL HIGHWAY, SUITE B3 #712	E C C C C C C C C C C C C C C C C C C C
	POMPANO BEACH, FL 33064	
Vice President:	TAMMY OGLE	29 17E 10A
Address:	3640 NORTH FEDERAL HIGHWAY, SUITE B3 #712	
Address	POMPANO BEACH, FL 33064	
C	ROBERT CAMPBELL	
Secretary:	3640 NORTH FEDERAL HIGHWAY, SUITE B3 #712, POMF	PANO BEACH, FL 33064
Address:	ROBERT CAMPBELL	
Treasurer:Address:	3640 NORTH FEDERAL HIGHWAY, SUITE B3 #712, POMP	PANO BEACH, FL 33064
NOTE: If necessary	y, you may attach an addendum to the application listing additional off	icers and/or directors.
13.	Jany Sharay	
	e of Chairman, Vice Chairman, or any officer listed in number 12 of the KERRY SHARON, PRESIDENT / DIRECTOR	ie application)
14.	(Typed or printed name and capacity of person signing application	1)

Page 1

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "NATIONAL COMMUNITY ADVANCEMENT, INC."

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 FOURTH DAY OF MARCH, A.D.

2016.

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

16 MAR 16 PH 4: 29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Authentication: 201933874

Date: 03-04-16

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SR# 20161434664