FIGODOJI 30

| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------|
| (Ac | ldress) | |
| (Ac | idress) | |
| (Ci | ty/State/Zip/Phone | #) |
| PICK-UP | WAIT | MAIL |
| (Bu | usiness Entity Nam | е) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
| - | | |
| | | |
| | | |
| | | |

Office Use Only



000283799230

03/25/16--01026--007 **87.50

ORETARY OF STATE

MAR 2 8 2016

3 MASON

COVER LETTER

| TO: | Registration Section Division of Corporations |
|--------|--|
| SUR | ECT: HISPA, Inc. |
| D C D | Name of Corporation – must include suffix |
| Dear S | Sir or Madam: |
| Affair | aclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to er the above referenced not for profit corporation to conduct its affairs in Florida. |
| Please | return all correspondence concerning this matter to the following: |
| | Rene Herrera |
| | Name of Person |
| | HISPA, Inc. |
| | Firm/Company |
| | 21218 St. Andrews Blvd. #758 |
| | |
| | Address |
| | Boca Raton, FL 33433 |
| | City/State and Zip Code |
| | rene@hispa.org |
| | E-mail address: (to be used for future annual report notification) |
| For fu | rther information concerning this matter, please call: |
| Ivon | ne Diaz-Claisse 908 907-5290 |
| | Name of Person |
| | 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 |
| Enclo | Tallahassee, FL 32301 sed is a check for the following amount: |
| | 0.00 Filing Fee \$\Bigcup \\$78.75 Filing Fee & \$\Bigcup \\$87.50 Filing Fee, Certificate of Status Certified Copy Certified Copy Certified Copy |

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1563, 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:

| | FLORIDA: | | | | | |
|--|--|--|--|--|--|--|
| HISPA, Inc. | | | | | | |
| (Name of corpo import in langua in the name at p | ration: must include the wo age as will clearly indicate resent. "Company" or "Co | ord "INCORPORAT that it is a corporation," may not be used a | ED" or "CORPORATION" on instead of a natural person is a corporate suffix by a no | or words or a on or partnershi nprofit corpora | obreviation p if not so tion.) | ns of like contained |
| Hispanics Insp | iring Students' Perform | nance and Achie | vement | | | |
| (If name unava | ilable in Florida, enter alte | ernate corporate nam | e adopted for the purpose o | f transacting b | usiness in | Florida) |
| | | | | | | |
| New Jersey, | U.S.A. ntry under the law of which | | EIN: 52-1825305 | | | |
| | | n it is incorporated) | (FEI numb | er, if applicabl | c) | |
| Annual Control | September | 8,1992 <u>5</u> | Perpetual | ., | | |
| (1. | Date of Incorporation) | | (Date of durati | on, if other tha | n perpetua | 1) |
| NA | | | | | | |
| (Date first cond | ucted affairs in Florida if pr | ior to registration. See | e sections 617.1501 & 617.1 | 502, F.S. to det | ermine pen | alty hability |
| 573 | Harding Avenue, F | Perth Amboy, N | lew Jersey 08861 | | | |
| | | (Principal | office address) | | | |
| | | | | | | |
| P.O. Box 702 | , Princeton, NJ 08542 | | | | | |
| | | (Current mailing | address, if different) | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Mobilize Latin | no professionalsto serve a | as activerole mode | elsto Latino youthandinspi | rethemto see | k highered | ducation |
| Mobilize Latin | no professionalsto serve a | as activerole mode | elsto Latino youthandinspi | rethemto see | k highered | ducation |
| Mobilize Latin (Purpose(s) of o | no professionalsto serve a corporation authorized in h | as activerole mode tome state or country | elsto Latino youth and inspirto be carried out in the state | rethemto see | k highered | ducation |
| | | | elsto Latino youthandinspirto be carried out in the state. O. Box <u>NOT</u> acceptable | ا مسلم ا | 2016 S F | ducation |
| | | | | ا مسلم ا | 2016 S F | |
| Name and str | | | | ا مسلم ا | 2016 NAR 2 | ducation |
| Name and <u>str</u> | eet address of Florida re | | | ا مسلم ا | 2016 MAR 25 | The second |
| Name and <u>str</u> | eet address of Florida re Rene Herrera 10004 NW 57 PL | | O. Box <u>NOT</u> acceptable | LAHASSEE, | 2016 MAR 25 F | |
| Name and <u>str</u> Name: | eet address of Florida re Rene Herrera 10004 NW 57 PL CoralSprings | gistered agent: (P. | | LLAHASSEE, FLO | 2018 MAR 25 P 5 | The second secon |
| Name and str | eet address of Florida re Rene Herrera 10004 NW 57 PL CoralSprings | | O. Box <u>NOT</u> acceptable | LAHASSEE, | 2016 MAR 25 P 5: 1 | |
| Name and <u>str</u> Name: Mee Address: | cet address of Florida re Rene Herrera 10004 NW 57 PL CoralSprings | gistered agent: (P. | O. Box <u>NOT</u> acceptable | LLAHASSEE, FLO | 2018 MAR 25 P 5 | |
| Name and <u>str</u> Name: Tice Address: 0. Registered | Rene Herrera 10004 NW 57 PL CoralSprings (C) agent's acceptance: | gistered agent: (P. | O. Box <u>NOT</u> acceptable Florida 33076 | L CAHASSEE, FLOODA | 2016 MAR 25 P 5: 15 | |
| Name and str. Name: Tice Address: O. Registered aving been na | cet address of Florida re Rene Herrera 10004 NW 57 PL CoralSprings (C) agent's acceptance: med as registered agen is application. I hereby | egistered agent: (P. City) It and to accept ser | O. Box <u>NOT</u> acceptable Florida 33076 Florida as a second of process for the and the process for the and the process for the angent as registered area. | (Zip Code) bove stated count and agree | 2018 NAR 25 P 5: 15 orporation | n at the pla |
| Name and str. Name: Tice Address: 0. Registered aving been na signated in the righter agree to | cet address of Florida re Rene Herrera 10004 NW 57 PL Coral Springs (C) agent's acceptance: med as registered agen is application, I hereby comply with the provis | egistered agent: (P. City) t and to accept ser accept the appoint ions of all statutes | O. Box <u>NOT</u> acceptable Florida 33076 wice of process for the atment as registered ages or relative to the proper a | (Zip Code) bove stated contract and agree and complete productions and complete productions are contracted to the complete productions are contracted to the contract and complete productions are contracted to the contract and contracted to the contr | 2018 NAR 25 P 5: 15 orporation | n at the pla |
| Name and str. Name: Tice Address: 0. Registered aving been na signated in the rither agree to | cet address of Florida re Rene Herrera 10004 NW 57 PL Coral Springs (C) agent's acceptance: med as registered agen is application, I hereby comply with the provis | egistered agent: (P. City) t and to accept ser accept the appoint ions of all statutes | O. Box <u>NOT</u> acceptable Florida 33076 rice of process for the a | (Zip Code) bove stated contract and agree and complete productions and complete productions are contracted to the complete productions are contracted to the contract and complete productions are contracted to the contract and contracted to the contr | 2018 NAR 25 P 5: 15 orporation | n at the pla |
| Name and str. Name: Tice Address: 0. Registered aving been na signated in the rither agree to | cet address of Florida re Rene Herrera 10004 NW 57 PL Coral Springs (C) agent's acceptance: med as registered agen is application, I hereby comply with the provis | egistered agent: (P. City) t and to accept ser accept the appoint ions of all statutes | O. Box <u>NOT</u> acceptable Florida 33076 wice of process for the atment as registered ages or relative to the proper a | (Zip Code) bove stated contract and agree and complete productions and complete productions are contracted to the complete productions are contracted to the contract and complete productions are contracted to the contract and contracted to the contr | 2018 NAR 25 P 5: 15 orporation | n at the pla |
| Name and str. Name: Tice Address: 0. Registered aving been na signated in the righter agree to | cet address of Florida re Rene Herrera 10004 NW 57 PL Coral Springs (C) agent's acceptance: med as registered agen is application, I hereby comply with the provis | egistered agent: (P. City) t and to accept ser accept the appoint ions of all statutes | O. Box <u>NOT</u> acceptable Florida 33076 wice of process for the atment as registered ages or relative to the proper a | (Zip Code) bove stated contract and agree and complete productions and complete productions are contracted to the complete productions are contracted to the contract and complete productions are contracted to the contract and contracted to the contr | 2018 NAR 25 P 5: 15 orporation | n at the pla |
| Name and str. Name: Tice Address: 0. Registered aving been na signated in the righter agree to | cet address of Florida re Rene Herrera 10004 NW 57 PL Coral Springs (C) agent's acceptance: med as registered agen is application, I hereby comply with the provis | egistered agent: (P. City) t and to accept ser accept the appoint ions of all statutes | O. Box <u>NOT</u> acceptable Florida 33076 wice of process for the atment as registered ages or relative to the proper a | (Zip Code) bove stated contract and agree and complete productions and complete productions are contracted to the complete productions are contracted to the contract and complete productions are contracted to the contract and contracted to the contr | 2018 NAR 25 P 5: 15 orporation | n at the pla |
| Name and str. Name: Tice Address: 0. Registered aving been na signated in the righter agree to | cet address of Florida re Rene Herrera 10004 NW 57 PL Coral Springs (C) agent's acceptance: med as registered agen is application, I hereby comply with the provis | egistered agent: (P. Eity) I and to accept ser accept the appoint ions of all statutes opt the obligations | O. Box <u>NOT</u> acceptable Florida 33076 wice of process for the authority as registered ages of my position as registered. | (Zip Code) bove stated contract and agree and complete productions and complete productions are contracted to the complete productions are contracted to the contract and complete productions are contracted to the contract and contracted to the contr | 2018 NAR 25 P 5: 15 orporation | n at the pla |
| Name and str. Name: Tice Address: 0. Registered aving been na signated in the rither agree to | cet address of Florida re Rene Herrera 10004 NW 57 PL Coral Springs (C) agent's acceptance: med as registered agen is application, I hereby comply with the provis | egistered agent: (P. Eity) I and to accept ser accept the appoint ions of all statutes opt the obligations | O. Box <u>NOT</u> acceptable Florida 33076 wice of process for the atment as registered ages or relative to the proper a | (Zip Code) bove stated contract and agree and complete productions and complete productions are contracted to the complete productions are contracted to the contract and complete productions are contracted to the contract and contracted to the contr | 2018 NAR 25 P 5: 15 orporation | n at the pla |
| Name and str. Name: Tice Address: O. Registered aving been navignated in the ragree to the striker, and I am | cet address of Florida re Rene Herrera 10004 NW 57 PL CoralSprings (C) agent's acceptance: med as registered agen is application, I hereby comply with the provis | egistered agent: (P. Eity) I and to accept ser accept the appoint ions of all statutes ept the obligations (Registered | O. Box NOT acceptable The interpolation of process for the authority as registered ages of my position as registered agent's signature) | bove stated control and agree of and complete pered agent. | 2018 MAR 25 P 5: 15 orporation act in the ac | n at the plants capacity ance of my |
| Name and str. Name: Tice Address: O. Registered aving been navignated in the ragree to attes, and I and the region of the regio | Rene Herrera 10004 NW 57 PL Coral Springs (C) agent's acceptance: med as registered agen is application, I hereby comply with the provis a familiar with and acceptance: | egistered agent: (P. Eity) It and to accept ser accept the appoint ions of all statutes ept the obligations (Registered e duly authenticate | O. Box <u>NOT</u> acceptable Florida 33076 wice of process for the authority as registered ages of my position as registered. | bove stated control and agree of and complete pered agent. | 2018 MAR 25 P 5: 15 orporation act in the ac | n at the plantis capacitince of my |

12. Names and addresses of officers and/or directors

Ivonne Diaz-Claisse

A. DIRECTORS Yvonne Shepard Chairman: 13 Hamden Road, Flemington, New Jersey 08822 Address: Vice Chairman:___ Address: Rene Herrera Director: 10004 NW 57 PL, Coral Springs, FL 33076 Address:_ 2015 Yvette Donado 137 Sayre Drive, Princeton, New Jersey 08540 Address: U B. OFFICERS President: Ivonne Diaz-Claisse, President 50 Van Zandt Rd, Skillman, NJ 08558 Address: NA Vice President: Address: Steve Estrada, Secretary 4520 Sawgrass, Alexandria, Virginia 22312 Mildred Medina Treasurer: 573 Harding Avenue, Perth Amboy, New Jersey 08861 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

(Typed or printed name and capacity of person signing application)

Additional HISPA Board Members

Kathleen Larkin **Board Member** 2 Pond View Rd Chester, NJ 07930

Jorge Escobar **Board Member** 1690 Via Campagna San Jose, CA 95120

Jose Piazza **Board Member** Belle Mead, NJ 08502

Luis Delgado-Aparcio, Ph.D. 30B Chicopee Drive Princeton, NJ 08540

Debra Joy-Pérez, Ph.D. 1315 Moon Drive Yardley, PA 19067



DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES SHORT FORM STANDING

HISPA, INC. 0100530997

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Non-Profit Corporation was registered by this office on September 08, 1992.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

MILDRED MEDINA 573 HARDING AVENUE PERTH AMBOY, NJ 08861



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 24th day of March, 2016

Ford M. Scudder Acting State Treasurer

Certificate Number: 6070446559

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp