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(Requestor's Name) (Address) (Address)	400287516554	
(City/State/Zip/Phone #)	07/05/1601035005 **87.50	
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COVER LETTER

TO: Registration Section Division of Corporations

6

SUBJECT: Collegiate Entrepreneurs' Organization, 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:

Giles Hertz, Executive Director

Name of Person	
Collegiate Entrepreneurs' Organization	
Firm/Company	FIL SECRETA
401 W. Kennedy Blvd., Box 2F	
Address	10 10 10
Tampa, FL 33606	RIDA
City/State and Zip Code	
ghertz@ut.edu	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	

Giles Hertz		813	258-7387		
Name	of Person at	Area Code	Daytime Te	lephone 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:		•		
□ \$70.00 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:

Collegiate Entrepreneurs' Organization, 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 unava	ailable in Florida, enter alternate corporate nam	ne adopted for the purpose of transacting busines	ss in Florida)	
2. Illinois		3. 90-0386757		
(State or cou	ntry under the law of which it is incorporated)	(FEI number, if applicable)		
4. March 11, 200		5		
(I	Date of Incorporation)	D (Date of duration, if other than per	petual)	
6. (Date first cond	ucted affairs in Florida if prior to registration. Se	e sections 617.1501 & 617.1502, F.S, to determin	ie penalty liabilii	y.)
7. 820 W. North	A Street, Room 818, Tampa, FL 33606			
	(Principal	office address)		
401 W. Kenne	dy Blvd., Box 2F, Tampa, FL 33606			
	(Current mailing	g address, if different)	JUL AND	-71
8. The purposes	of the corporation are exclusively education, so	cientific and charitable within the meaning of IR	C 501(c)(3)	
(Purpose(s) of	corporation authorized in home state or country	y to be carried out in the state of Florida)	T'C T	1
9. Name and str	ect address of Florida registered agent: (P	.O. Box <u>NOT</u> acceptable)	FLORING C	>
Name:	Giles Hertz			>
Office Address:	820 W. North A Street, Room 805			
	Tampa	, Florida ³³⁶⁰⁶		
	(City)	(Zip Code)		

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.

Nes nt's signature) (Registered as

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.

: .	7 ,			
12. Nan	nes and addresses of officers and/or directors			
A. DIR	ECTORS			
Chairman	, Dr. Gerald Hills			
	4170 N. Marine Dr., Unit 16L			_
-	Chicago, IL 60613	<u></u>		
Vice Chai	irman:			_
Address:				-
- Director:	Dr. G. Thomas Lumpkin			_
Address:	1361 Vista Morada			
-	Sante Fe, NM 87506			
Director:	Ms. Becky Gann			_
Address:	777 S. Harbour Island Dr., Suite 750			
-	Tampa, FL 33602	SEC	10	_
B. OFF	FICERS		JUL	-
President	Giles Hertz	ESSE SE	ц сл	
Address:	820 W. North A Street, Room 805	E E E	No.	
-	Tampa, FL 33606	IN IVI	<u>5</u> L	_
Vice Pres	ident:	` «د	\sim	
Address:		· .		_
-	Dr. Jose Romaguera			
Secretary Address:	820 W. North A Street, Room 818, Tampa, FL 33606			
-	······································			-
				<u> </u>
13	If necessary, you may attach an addendum to the application listing additional officers and/or (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the applications Hertz, President / Executive Director		·rs.	
14	(Typed or printed name and capacity of person signing application)			

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To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of

Business Services. I certify that

COLLEGIATE ENTREPRENEURS' ORGANIZATION, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MARCH 11, 2008, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.





In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal ofthe State of Illinois, this29THday ofJUNEA.D.2016

esse White

SECRETARY OF STATE

Authentication #: 1618103316 verifiable until 06/29/2017 Authenticate at: http://www.cyberdriveillinois.com