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AUG 0 1 2016 S. YOUNG



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 1, 2016

MAUREEN BROOKBANK ROOM 170 LEAHY HALL 620 MICHIGAN AVENUE NE WASHINGTON, DC 20061

SUBJECT: THE CATHOLIC UNIVERSITY OF AMERICA

Ref. Number: W16000053156

We have received your document for THE CATHOLIC UNIVERSITY OF AMERICA and your check(s) totaling \$70.00. 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. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return 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.

Shelia H Young Regulatory Specialist II

Letter Number: 516A00016063

2016 MG 22 PM 3: 32

SECRETÁRY OF STATE TALLAHASSEC, FLORIDA

COVER LETTER

TO:	Registration Section Division of Corporations		
CITDI	The Catholic University of America, NOT FOR PROFIT CORPORATION		
зоря	Name of Corporation – must include suffix		
Dear S	Sir or Madam:		
Affair	nclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its s 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:		
	Maureen Brookbank	لأميية الأمارة	D.
	Name of Person		ר. יענ
	The cambre onversity of America, NOT FOR TROTTE Gold of differen	JL 29	ALLABIONES
	Firm/Company		;i.
	Room 170 Leahy Hall	· 도 9:	; ;
	620 Michigan Ave NE	ပ္ပါ	
	Address		
	Washington, DC 20064		
	City/State and Zip Code		
	brookbank@cua.edu		
	E-mail address: (to be used for future annual report notification)		
For fu	rther information concerning this matter, please call:		
Mauro	een Brookbank 202 319-5590 at ()		
	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		
Enclos	sed is a check for the following amount:		
= \$70	0.00 Filing Fee U\$78.75 Filing Fee & U\$78.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status		&

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:

an the mane at	present. "Company" or "Co." may not be	ORATED" or "CORPORATION" or words or abbreviations of like poration instead of a natural person or partnership if not so contained used us a corporate suffix by a nonprofit corporation.)
(If name una	vallable in Florida, enter alternate corporat	e name adopted for the purpose of transacting husiness in Florida)
- Washington	nc	. 53-0196583
(Slate or con	untry under the law of which it is incorpora	3. 53-0196583 (FBI number, If applicable)
April 1887	,	5
(Date of Incorporation)	(Date of duration, if other than perpetual)
6		5. (Date of duration, if other than perpetual) on. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)
(Date first conc	ducted affairs in Florida if prior to registratio	m. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)
, 620 Michigan	Ave NE Washington, DC 20064	clpal office address)
/ •	(Prln	clual office address)
	to constitution to a service of the constitution	70000
110 20111 320	(Current nu	2 20064 filling address, If different)
	•	•
Higher Educat	tion	•
Higher Education (Purpose(s) of	tion corporation authorized in home state or co	untry to be carried out in the state of Florida)
(Purpose(s) of	corporation authorized in home state or co	
(Purpose(s) of	tion corporation authorized in home state or co cet address of Plorida registered agent	
(Purpose(s) of	corporation authorized in home state or co eet address of Plorida registered agent	: (P.O. Box <u>NOT</u> acceptable)
(Purpose(s) of	corporation authorized in home state or co eet address of Plorida registered agent	: (P.O. Box <u>NOT</u> acceptable)
(Purpose(s) of Open Purpose(s) o	corporation authorized in home state or co eet address of Plorida registered agent CT Corporation 1200 S. Pine Island Road	: (P.O. Box <u>NOT'</u> acceptable)
(Purpose(s) of Open Purpose(s) o	corporation authorized in home state or co eet address of Plorida registered agent CT Corporation 1200 S. Pine Island Road	: (P.O. Box <u>NOT'</u> acceptable)
(Purpose(s) of). Name and signature: Name: Office Address:	corporation authorized in home state or co eet address of Plorida registered agent CT Corporation 1200 S. Pine Island Road	: (P.O. Box <u>NOT</u> acceptable)
(Purpose(s) of Purpose(s) of P	corporation authorized in home state or co cet address of Florida registered agent CT Corporation 1200 S. Pine Island Road Plantation (City) Agent's acceptance: uned as registered agent and to accept is application, I hereby accept the ap comply with the provisions of all stat if familiar with and accept the obligati	(P.O. Box NOT acceptable) , Florida 33324 (Zip Code) i sarvice of process for the above stated corporation at the place pointment as registered agent and agree to act in this capacity. I wates relative to the proper and complete performance of my lons of my position as registered agent.
Name and signal Name: Office Address:	corporation authorized in home state or co cet address of Florida registered agent CT Corporation 1200 S. Pine Island Road Plantation (City) Agent's acceptance: uned as registered agent and to accept is application, I hereby accept the ap comply with the provisions of all stat if familiar with and accept the obligati	: (P.O. Box <u>NOT</u> acceptable) , Florida 33324 (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.

75 IIII 29 NM 9: 35

12. Names and addresses of officers and/or directors

A. DIRECTORS Chairman: Address: Vice Chairman: Address: Director: Director: Address: B. OFFICERS John H. Garvey President: Nugent Hall, The Catholic University of America, 620 Michigan Ave NE, Address: Washington, DC 20064 Andrew Abela, Provost Vice President: 105 McMahon Hall, The Catholic University of America, 620 Michigan Ave NE, Washington, DC 20064 Address: Frank Persico, Chief of Staff and Secretary to the Board of Secretary: Trustees Nugent Hall, The Catholic University of America, 620 Michigan Ave. NE, Washington, DC 20064 Address: Robert Specier, Vice President for Finance and Treasurer Room 260 Leahy Hall, The Catholic University of America, 620 Michigan Ave NE, Washington, DC 20064 Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Role Museula (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) 14. ROBERT M. SPECTER (Typed or printed name and capacity of person signing application)

Initial File #: 641016 Entity Type: ActofCongressCorporation

GOVERNMENT OF THE DISTRICT OF COLUMBIA

DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS CORPORATIONS DIVISION



CERTIFICATE



THIS IS TO CERTIFY that all applicable provisions of the District of Columbia Business Organizations Code (Title 29) have been complied with and accordingly, this *CERTIFICATE OF GOOD STANDING* is hereby issued to

CATHOLIC UNIVERSITY OF AMERICA (THE)

WE FURTHER CERTIFY that the domestic filing entity is formed under the law of the District on 4/21/1887; that all fees, and penalties owed to the District for entity filings collected through the Mayor have been paid and Payment is reflected in the records of the Mayor; The entity's most recent biennial report required by § 29-102.11 has been delivered for filing to the Mayor; and the entity has not been dissolved. This office does not have any information about the entity's business practices and financial standing and this certificate shall not be construed as the entity's endorsement.

IN TESTIMONY WHEREOF I have hereunto set my hand and caused the seal of this office to be affixed as of 7/25/2016 3:16 PM

Business and Professional Licensing Administration



PATRICIA E. GRAYS Superintendent of Corporations Corporations Division

Muriel Bowser Mayor

Tracking #: 5DrlGEhc