F17000003685

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(,
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



700301739607

07/26/17--01025--005 ++87.50

2017 AUG 14 AH 10: 47

J. HARRIE

COVER LETTER

TO:	Programme Registration Section Division of Corporations							
CHDI	ECT:	NAISMITI	H INTERNATIONAL BASK	KETBALL FOU	UNDATION			
SUDA	ECT;		Name of Corpora	ation - must in	iclude suffix			
Dear S	Sir or M	adamı:						
Affair	s in Flo	rida", "Ce	ion by Foreign Not for Prortificate of Existence", or enced not for profit corpor	"Certificate of	f Status™ and ch	eck are submitted to		
Please	return	all corresp	condence concerning this	matter to the fe	ollowing:			
		НЕСТО	R PERDOMO SR.					
			Namo	of Person				
			Firm	/Company	-			
		2013 JAFFA DRIVE SUITE K						
	Address							
		SAINT (CLOUD FLORIDA 34771					
			City/State	and Zip Code	2			
		H.perdon	no@naismithfoundation.org					
		E-n	nail address: (to be used fo	or future annua	il report notifica	tion)		
For fu	rther inf	formation	concerning this matter, pl	ease call:				
HECTOR PERDOMO SR.			702 t ()	208-9134				
		Name o	of Person	Area Code	Daytime Tele	ephone Number		
MAILING ADDRESS: Registration Section Division of Corporations				STREET/CO Registration S Division of Co				
	P.O. E	Box 6327 nassee, FL			Clifton Buildin	ng e Center Circle		
Enclos	sed is a	check for	the following amount:					
☐ \$70	0.00 Fil	ing Fee	□\$78.75 Filing Fee & Certificate of Status		Filing Fee & ed Copy	■ \$87.50 Filing Fee, Certificate of Status &		



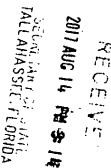
FLORIDA DEPARTMENT OF STATE Division of Corporations

July 31, 2017

HECTOR PERDOMO SR 2013 JAFFA DRIVE SUITE K SAINT CLOUD, FL 34771

SUBJECT: NAISMITH INTERNATIONAL BASKETBALL FOUNDATION

Ref. Number: W17000062471



We have received your document for NAISMITH INTERNATIONAL BASKETBALL FOUNDATION and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

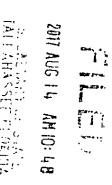
The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

Please return 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.

Jenna D Harris Regulatory Specialist II

Letter Number: 117A00015391



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 unav	ailable in Florida, enter alternate co	orporate name adopted for the purpose of transacting but	siness in Florida	-
		corporated) 3. 91-1917711 (FEI number, if applicable)		
(State or cor	intry under the law of which it is in	corporated) (FEI number, if applicable		
1. 06/24/1998		5	,	
(Date of Incorporation)	(Date of duration, if other than	perpetual)	_
ı. <u></u>				
(Date first cond	ucted affairs in Florida if prior to reg	gistration. Sec sections 617.1501 & 617.1502, F.S. to deter	mine navelty lies	D.A.
2013 JAFFA	DRIVE SUITE K SAINT CLOUD	FI ORIDA 34771	mine pentity titi	ницу,
· 		(Pringing office of the		
		(Vinicipal Office address)		_
	(Сш	rent mailing address, if different)		
TO HELL VIA	D PROMOTE GOOD SPORTSMA	ANSHIP TO THE VOLUM AND ALL THE WAY TWO		
		ANSHIP TO THE YOUTH AND ALL THE WAY THR te or country to be carried out in the state of Florida) Lagent: (P.O. Box NOT acceptable)	OUGH TO	•
Name and str	ect address of Florida registered	agent; (P.O. Box NOT acceptable)	/ AUG	•
. Name and str	ect address of Florida registered	agent; (P.O. Box NOT acceptable)	/ AUG	
Name and str	ect address of Florida registered	agent; (P.O. Box NOT acceptable)	/ AUG	
Name and str	ect address of Florida registered	agent; (P.O. Box NOT acceptable)	/ AUG	
Name and <u>str</u> Name: ffice Address:	PECT ADDRESS OF Florida registered HECTOR PERDOMO S.C. 2013 JAFFA DRIVE SUITE K SAINT CLOUD (Gity) -		/ AUG	
Name and str Name: ffice Address:	Peet address of Florida registered HECTOR PERDOMO S.C. 2013 JAFFA DRIVE SUITE K SAINT CLOUD (Gity) agent's acceptance:	Jagent: (P.O. Box <u>NOT</u> acceptable) , Florida 3477! (Zip Code)	AUG I 4 AH 10: 48	
Name and strain Name: ffice Address: D. Registered Tiving been no	Peet address of Florida registered HECTOR PERDOMO S.C. 2013 JAFFA DRIVE SUITE K SAINT CLOUD (Gity) agent's acceptance:	Jagent: (P.O. Box <u>NOT</u> acceptable) , Florida 3477! (Zip Code)	AUG I 4 AH 10: 48	
Name and str Name: office Address:	Peet address of Florida registered HECTOR PERDOMO S.C. 2013 JAFFA DRIVE SUITE K SAINT CLOUD (Gity) agent's acceptance:	Jagent: (P.O. Box <u>NOT</u> acceptable) , Florida 3477! (Zip Code)	AUG I 4 AH 10: 48	
Name and str Name: Office Address:	Peet address of Florida registered HECTOR PERDOMO S.C. 2013 JAFFA DRIVE SUITE K SAINT CLOUD (Gity) agent's acceptance:	Jagent: (P.O. Box <u>NOT</u> acceptable) , Florida 3477! (Zip Code)	AUG I 4 AH 10: 48	
Name and str Name: Office Address:	Peet address of Florida registered HECTOR PERDOMO S.C. 2013 JAFFA DRIVE SUITE K SAINT CLOUD (Gity) agent's acceptance:	A gent: (P.O. Box <u>NOT</u> acceptable) Florida 3477! (Zip Code)	AUG I 4 AH 10: 48	
Name and str Name: Office Address:	Ext address of Florida registered HECTOR PERDOMO S.C. 2013 JAFFA DRIVE SUITE K SAINT CLOUD (Gity) agent's acceptance: med as registered agent and to is application, I hereby accept the comply with the provisions of a familiar with and accept the of	Jagent: (P.O. Box <u>NOT</u> acceptable) , Florida 3477! (Zip Code)	AUG I 4 AH 10: 48	

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:	. 	
Address:		
Vice Chairman:		
Address:		
Director:		
Address:		
Director:		
Address:		
B. OFFICERS President:		
2013 JAFFA DRIVE SUITE K Address:		
SAINT CLOUD FLORIDA 34771	57.	P.S.
Vice President:		AUG
616 EAST 35TH ST. Address:	≥: 5-1	
SAVANNAH , GA. 31401	<u>82</u>	<u> </u>
KEITH ZIMMERMAN Secretary:		<u>.</u>
14504 Ballentine St, Overland Park KS 66221-8198 Address:		ee -
ROBERT HUNTER Treasurer:		
Address: 550 NW 78TH TERRACE APT #103 MARGATE , FL 33603		
NOTE: If necessary, you may attach an addendum to the application listing addition (Signature of Chairman, Vice Chairman, or any officer listed in number the officer of the Arms ?		tors.
(Typed or printed name and capacity of person signing app	lication)	

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **NAISMITH INTERNATIONAL BASKETBALL FOUNDATION**, as a non-profit corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since June 24, 1998, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on July 21, 2017.

Ballians K. Cegarske

Barbara K. Cegavske Secretary of State

Electronic Certificate
Certificate Number: C20170721-0076
You may verify this electronic certificate
online at http://www.nvsos.gov/