F1700003819

| (Re | questor's Name) | | | |
|---|-------------------|-------------|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (Cit | y/State/Zip/Phone | e #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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July 26, 2017

OLIVIER DANAN 5432 NE 21ST TERR FORT LAUDERDALE, FL 33308

SUBJECT: THE MOPA FOUNDATION

Ref. Number: W17000061318

We have received your document for THE MOPA FOUNDATION and your check(s) totaling \$78.75. 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.

Dionne M Pijeaux Regulatory Specialist

Letter Number: 717A00015036

OLT AUG 21 AM (B: Zb. Sevny Am Schel, Fi (NIDA

COVER LETTER

| SUBJECT: | the Hoba Fou | ndation Con must include suffix | rb. |
|--|--|--|--|
| | Name of corporation | n - must include suffix | |
| Dear Sir or Madam | : | | |
| "Certificate of Exis | lication by Foreign Corporation for tence," or "Certificate of Good Sta- oreign corporation to transact busine | nding" and check are subm | |
| Please return all co | rrespondence concerning this matte | r to the following: | |
| | OLIVIER DAI | UAN | |
| | Name of | Person | |
| | The Moba Four | ndation | |
| | | | |
| 543 | 2 NE 21st +ERI | PACE | |
| | Addr | ess | |
| | • | | |
| | et LaudErdH. City/State a | ind Zip code | <u> </u> |
| E-mail address: (to be used for future annual report notification) | | | |
| | E-mail address: (to be used | for future annual report no | tification) |
| For further information concerning this matter, please call: | | | |
| Olivien - | DANAN at (561 crson Area Cod |) 504-22 | <u>5 </u> |
| Name of P | erson Area Coo | e Daytime Telepho | ne Number |
| Registratio Division of Clifton Bui 2661 Exect | Corporations | MAILING AD Registration Sec Division of Corp P.O. Box 6327 Tallahassec, FL | tion porations |
| Enclosed is a check | for the following amount: | | |
| ☐ \$70,00 Filing Fo | ee \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy | ☐ \$87.50 Filing Fee, Certificate of Status Certified Copy |

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

| | Hopa Foundation rporation: must include "INCORPORATED." rp." "Inc." "Co." or "Corp.") | ""COMPANY," "CORPORATION," | | |
|---|---|---|--|--|
| THE (If name unavailab | Moba Foundation ole in Florida, enter alternate corporate name: | adopted for the purpose of transacting business in Florida) | | |
| 2. Del | aware 3. | 47-4199976 | | |
| (State or country | under the law of which it is incorporated) | 47 - 4199976 (FEI number, if applicable) | | |
| 4. Jane | 2, 2015 5. | (Date of duration, if other than perpetual) | | |
| (Date o | of incorporation) | (Date of duration, if other than perpetual) | | |
| (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. 5432 NE 21st terrace, Fort Laudendale, FL 33308 (Principal office address) | | | | |
| | (Current mailie | ng address, if different) | | |
| | address of Florida registered agent: (P.C | O. Box NOT acceptable) | | |
| Name: | HARIE-FRANCE DANA | <u>"" (</u> | | |
| Office Address: | 5432 NE 21st terrac | <u>F</u> | | |
| | Fort Laudendale. (City) | , Florida <u>トレ 3330</u> と (Zip code) | | |

9. 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.

(Registered agent's signature)

10. 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.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Vice Chairman: Address: Director: OLIVIERO DANAN tennace, Font Laudendale, FL 33308 Director: Address: ____ **B. OFFICERS** Address: 5432 NE 21st tennace Font Laudendale FL 33308. Vice President: MARIE-FRANCE DANAN Address: 5432 NE 21st tennocE. Font Laudendale FL33308 Address: ____ Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. 13. Marie-Feauce Danan V.P

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

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "THE MOPA FOUNDATION" 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 FIFTH DAY OF JULY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

5758099 8300.

SR# 20175084756

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202827220

Date: 07-05-17