

AB000005306

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

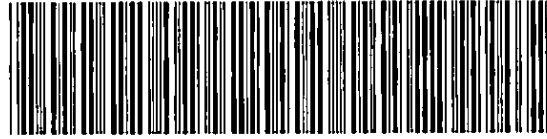
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2019 NOV 19 A 1:58

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18 NOV 19 AM 9:54

RECEIVED
STATE

11/21/18 DS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 20, 2018

CSC

RESUBMIT

Please give original
submission date as file date.

SUBJECT: MUJER EMPRENDE PUERTO RICO, INC.
Ref. Number: W18000100732

We have received your document for MUJER EMPRENDE PUERTO RICO, INC. 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 registered agent must sign accepting the designation.

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 Scott
Regulatory Specialist II

Letter Number: 918A00023782

2018 NOV 19 A 1:18

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DIVISION OF STATE
18 NOV 20 PM 2:37

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 495751 8252842
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 70.00

ORDER DATE : November 19, 2018
ORDER TIME : 10:0 AM
ORDER NO. : 495751-005
CUSTOMER NO: 8252842

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FOREIGN FILINGS

NAME: MUJER EMPRENDE PUERTO RICO,
INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Croft -- EXT# 62925

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Mujer Emprende Puerto Rico, 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:

Karen Oliver

 Name of Person

Mujer Emprende Puerto Rico, Inc.

 Firm/Company

District View Plaza, Suite 301

#644Fermanadez Juncos St.

 Address

San Juan Puerto Rico 00907

 City/State and Zip Code

karenoliverfernandez@gmail.com

 E-mail address: (to be used for future annual report notification)

2013 NOV 19 A 2:00

FILED

For further information concerning this matter, please call:

Karen Oliver _____ at (787) _____ 633-6106
 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

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$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 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:

1. Mujer Emprende Puerto Rico, 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.)

Mujer Emprende Latina

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Puerto Rico

(State or country under the law of which it is incorporated)

3.

(FEI number, if applicable)

4. May 10, 2016

(Date of Incorporation)

5.

(Date of duration, if other than perpetual)

6.

(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

District View Plaza, Suite 301, #644 Fernandez Juncos Avenue, San Juan Puerto Rico 00907-3103

7.

(Principal office address)

(Current mailing address, if different)

8. The organizations mission is to ignite the entrepreneurship spirit among women.

(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee

(City)

Florida 32301

(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.

Corporation Service Company

By:

Emily Croft (Registered agent's signature)

Emily Croft

Asst. Vice President

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.

FILED NOV 19 A 2:00

12. Names and addresses of officers and/or directors

A. DIRECTORS

Virginia Rivera

Chairman:

303 Villamil St, Apt 604, San Juan, Puerto Rico 00907

Address:

Yaneza Bravo

Vice Chairman:

605 Calle Lodi Villa Capri, San Juan, PR 00924

Address:

Jessica Tirado

Director:

556 Guayama St., San Juan, PR 00936

Address:

Sonia Vanessa Marzán

Director:

Coliseum Tower Residence 576, Arterial B Av., Apt 708, San Juan, PR, 00918

Address:

Director- Karen Oliver

P.O. Box 8600 Fernandez Juncos Station, San Juan, PR 00910

B. OFFICERS

Virginia Rivera

President:

303 Villamil St, Apt 604, San Juan, Puerto Rico 00907

Address:

Yaneza Bravo

Vice President:

605 Calle Lodi, Villa Capri, San Juan, PR 00929-0105

Address:

Jessica Tirado

Secretary:

556 Guayama St., San Juan, PR 00936

Address:

Karen Oliver

Treasurer:

P.O. Box 8600 Fernández Juncos Station, San Juan, PR 00910

Address:

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NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Karen M. Oliver
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. KAREN M. OLIVER - TREASURER & DIRECTOR
(Typed or printed name and capacity of person signing application)



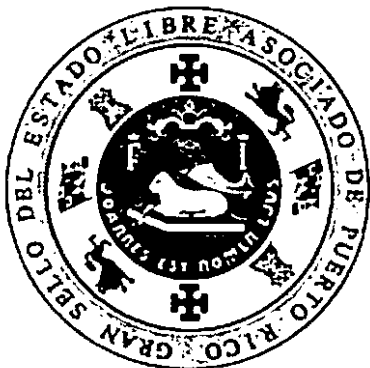
Gobierno de Puerto Rico

CERTIFICADO DE CUMPLIMIENTO ("GOOD STANDING")

Yo, **LUIS G. RIVERA MARÍN**, Secretario de Estado del Gobierno de Puerto Rico,

CERTIFICO: Que, **MUJER EMPRENDE PUERTO RICO INC.**, registro número **373201**, una corporación **doméstica sin fines de lucro** organizada bajo las leyes de Puerto Rico el **10 de mayo de 2016**, ha cumplido con la radicación de sus Informes Anuales.

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EN TESTIMONIO DE LO CUAL, firmo el presente y hago estampar en él el Gran Sello del Gobierno de Puerto Rico, en la ciudad de San Juan, Puerto Rico, hoy, **19 de noviembre de 2018**.

LUIS G. RIVERA MARÍN
Secretario de Estado

Para validar este certificado acceda a: <http://estado.pr.gov/>

Este certificado podrá ser validado un número ilimitado de veces antes de la fecha de expiración 19-nov-2019.

Número de Validación del Certificado: **276581-75738604**