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COVER LETTER

TO:	Registration Section Division of Corporations
CITE	ECT: New Leaders Council
SUB	Name of Corporation – must include suffix
	ir or Madam:
Affair	closed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to the above referenced not for profit corporation to conduct its affairs in Florida. The return all correspondence concerning this matter to the following:
Please	return all correspondence concerning this matter to the following:
	Mickey Sutton
	Name of Person
	DBL Law
	Firm/Company
	207 Thomas More Pkwy.
	Address
	Crestview Hills, KY 41017
	City/State and Zip Code
	msutton@dbllaw.com
	E-mail address: (to be used for future annual report notification)
For f	orther information concerning this matter, please call:
Micl	ey Sutton 859 426-2189
	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
Plcas	sed is a check for the following amount: make check payable to: FLORIDA DEPARTMENT OF STATE 70.00 Filing Fee S78.75 Filing Fee & S78.75 Filing Fee & Certificate of Status Certified Copy 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:

08/23/2006 5.	ber, if applicable)
(State or country under the law of which it is incorporated) (FEI mum) 08/23/2006 5.	per, if applicable)
08/23/2006 5.	oct, it appreadte) : [,
8/23/2006 55.	= = = = = = = = = = = = = = = = = = =
	ion, if other than perpetual)
(Date of Incorporation) (Date of durat	ion, ir other than perpetuar).
Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.	1502, F.S, to determine penalty ilability.)
005 Wisconsin Ave. NW #39123, Washington DC 20016	08. 1
(Principal office street address)	72
(a	
(Current mailing address, if different)	
Help a diverse group of current and aspiring young progressive leaders to develop leader	rship skills.
Purpose(s) of corporation authorized in home state or country to be carried out in the st	ate of Florida)
Name and street address of Florida registered agent: (P.O. Box NOT acceptable	;)
Name: Buisness Filings Incorporated	
Maric.	
Frank Address 1200 South Pine Island Road	•
fice Address: 1200 South Pine Island Road	<u></u>
fice Address: 1200 South Pine Island Road Plantation , Florida 33.7 (City))24 in 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.

12. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTOR	RS		
□Chairman	Name: Mark Riddle	□ Chairman	Name: Chris Kelly
□Vice Chairman	Address: 4005 Wisconsin Ave. NW	□Vice Chairman	Address: 4005 Wisconsin Ave. NW
□Director	#39123, Washington, DC 20016	Director	#39123, Washington, DC 20016
⊞ President		□President	
□Vice President		■Vice President	
☐Secretary	□Treasurer	☐Secrètary	Treasurer
□Other:	Other:	Other:	
: DChainnan	Name: Heather Grantham-Deutsch	□ Chairman	Name: Justin Braz 22
□Vice Chairman	Address: 4005 Wisconsin Ave. NW	□Vice Chairman	Address: 4005 Wisconsin Ave. NW
☐Director	#39123, Washington DC 20016	□Director	#39123, Washington, DC 20016
□President		□President	<u> </u>
□Vice President		□Vice President	
□Secretary	□ Treasurer	Secretary	☐Treasurer
□Other:	Other:	☐ Other:	☐ Other:
;			
□Chairmen	Namo:	□ Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
□Director		□Director	
□President		□President	
□Vice President		□Vice President	
☐Secretary	Treasurer	□ Secretary	☐Treasuer
□Other: :	□ Other:	Other:	□ Other:
NOTE: Importa Not-indexed and 13. Mark Riddl		g your Florida Department	of State Annual Report form.
	(Typed or printed name and capacity	v of person signing applica	tion)

State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

NEW LEADERS COUNCIL

FILE NUMBER:

C2926261

FORMATION DATE:

08/23/2006

TYPE:

DOMESTIC NONPROFIT CORPORATION

JURISDICTION: C

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

BID APR 22 A THE

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of March 28, 2019.

ALEX PADILLA Secretary of State

FLORIDA

Certificate of Exemption

TC Rule 12A-1.097 Florida Administrative Code Effective 01/17

Mail with Supporting Documentation to:

Account Management-Exemptions
Florida Department of Revenue
PO Box 6480
Tallahassee Ft 32314-6480

			ahassee FL 32314-6480				
Exemption category for which you are applyin	g (check only o						
501(c)(3) Organization	Parent-Teacher Organization or Association						
Community Cemetery	Political Subdivision						
Credit Union	Religious Institution - physical place for worship,						
Fair Association	Religious Institution - physical place for worship.						
Florida Retired Educators Association	Religious	Religious Institution - governing or administrative					
Library Cooperative	School, (School, College, or University					
Nonprofit Cooperative Hospital Laundry	☐ Veterans	o' Organization					
Nonprofit Water System	☐ Voluntee	r Fire Department					
Organization Benefiting Minors			PROPERTY.				
Legal Name of Organization or Political Subdivision			Federal Employer Identification Number (FEIN)				
New Leaders Council Corporation			56-2581640				
Street 4005 Wisconsin Ave. NW #39123			Business Phone				
City Washington	State		ZIP 20016				
Mailing Address (If different than above)	_,		Alternate Phone				
City	State	<u> </u>	ZIP .				
Name of Contact Person		Title					
Mickey Sutton		Authorized Representative					
Email Address - Your email address is treated as confidential informat	tion (s. 213.053, F.S.),	and is not subject to disclosur	e as public records (s. 119.071, F.S.).				
msutton@dbllaw.com Credit Union Charter Number - If you are applying as a credit union.							
, , , , ,							
Your privacy is important to the Department. To prote person who has signed this <i>Application for a Consum-</i> consent, a written request from you is required if you send information regarding this Application using its the information. If you do not want to receive informat I authorize the Florida Department of Revenue to using the Department's secure email. I understa	er's Certificate of wish to receive a secure email softwion by email, any conditionally and conditiona	Exemption. To ensure to secured email regarding are. This software will reinformation regarding the regarding the regarding this Application.	hat information is not provided without your githis Application. If so, the Department will equire additional steps before you can access his Application will be mailed to you. tion for a Consumer's Certificate of Exemption				
I hereby attest that I am authorized to sign on behalf of Consumer's Certificate of Exemption will only be used	in the manner au	thorized for this organiz	zation under s. 212.08(6), (7), or 213.12(2), F.S.				

President

Title

Signature