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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

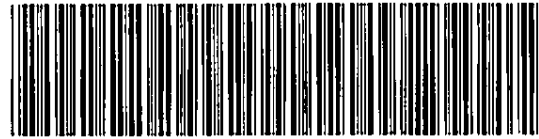
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TRANSMITTAL

18 December 2019

Registration Section
Division of Corporations

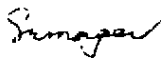
Dear Receiving Officer,

Enclosed, please find the following:

1. COVER LETTER along with APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA - 3 pages
2. CERTIFICATE OF GOOD STANDING from the State of California - 1 page
3. Check issued to the FLORIDA DEPARTMENT OF STATE in the amount of \$78.75

Should you have any questions relating to this application, please free to contact me at 951-337-7653 or email sr.gen68@gmail.com.

Sincerely,



SR. MARIA GENARA T. SARIGUMBA.MSM

2019 DEC 23 PM 3:52

COVER LETTER

TO: • Registration Section
Division of Corporations

SUBJECT: _____
MISSIONARY SISTERS OF MARY, 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:

SISTER MARIA GENARA T. SARIGUMBA, MSM

Name of Person

MISSIONARY SISTERS OF MARY, INC.

Firm/Company

100 DARWIN AVENUE, MERRITT ISLAND, FL 32953

Address

MERRITT ISLAND FLORIDA 32953

City/State and Zip Code

sr.gen68@gmail.com

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

For further information concerning this matter, please call:

SR. MARIA GENARA T. SARIGUMBA, MSM 951 951-337-7653

Name of Person at () Daytime Telephone Number
Area Code

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & ☒ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee,
Certificate of Status Certified Copy Certificate of Status &
Certified Copy

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**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. MISSIONARY SISTERS OF MARY, 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.)

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

2. CALIFORNIA, U.S.A. 3. 45-2473188
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. JANUARY 20, 2011 5. PERPETUAL
(Date of Incorporation) (Date of duration, if other than perpetual)

6. None
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 100 DARWIN AVENUE, MERRITT ISLAND, FL 32953
(Principal office street address)

100 DARWIN AVENUE, MERRITT ISLAND, FL 32953
(Current mailing address, if different)

8. Evangelization through Catechetical Ministry, Christian Education and Social Services to the sick and elderly.
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
and other ministries with special emphasis on service to the poor.

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

Name: KIM A. BORJON
Office Address: 100 DARWIN AVE., MERRITT ISLAND, FL 32953
MERRITT ISLAND, Florida 32953
(City) (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.


(Registered agent's signature)

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.

2/23/11 2:23 PM 3:52

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

A. DIRECTORS

☒ Chairman Name: Sr. Maria Genara Sarigumba, M
☐ Vice Chairman Address: 23600 Soboba Rd, San Jacinto
☐ Director 92583
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

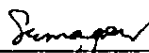
☐ Chairman Name: Sr. Angelita Bacleon, MSM
☐ Vice Chairman Address: 23600 Soboba Rd, San Jacinto
☐ Director _____
☐ President _____
☐ Vice President _____
☒ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Sr. Madelyn Equibal, MSM
☐ Vice Chairman Address: 630 S Sta. Fe, San Jacinto
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☒ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

NOTE: Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
14. SR. MARIA GENARA T. SARIGUMBA, MSM CHAIRMAN/ CHIEF EXECUTIVE OFFICER
(Typed or printed name and capacity of person signing application)

State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

MISSIONARY SISTERS OF MARY (MSM), INC.

FILE NUMBER: C3352082
FORMATION DATE: 01/20/2011
TYPE: DOMESTIC NONPROFIT CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

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 December 17, 2019.

ALEX PADILLA
Secretary of State

DLS