

# F210000684183

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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : UNISEARCH, INC. (OR)  
Account Number : I20150000113  
Phone : (800)554-3113  
Fax Number : (800)554-3114

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: MEGAN.CLEGG@KLGATES.COM

## FOREIGN PROFIT/NONPROFIT CORPORATION LEAGUE OF MINORITY VOTERS INCORPORATED

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SECRETARY OF STATE

2021 FEB 18 PM 1:51

Feb. 13. 2021 10:55AM

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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. LEAGUE OF MINORITY VOTERS INCORPORATED**

(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. OREGON

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

3.

(FBI number, if applicable)

4. OCTOBER 10, 2007

(Date of Incorporation)

5. PERPETUAL

(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)

7. 700 N HAYDEN ISLAND DRIVE, SUITE 397, PORTLAND, OREGON 97217

(Principal office street address)

(Current mailing address, if different)

8. EMPOWER HISTORICALLY UNDER REPRESENTED GROUPS TO USE THEIR VOICES WITHIN THE ELECTOR

(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: Unisearch, Inc.

Office Address: 155 Office Plaza Drive

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.*

by:

Shawn Linan

Shawn Linan, Assistant Secretary

(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.

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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: Promise King  
☐ Vice Chairman Address: 700 N Hayden Island Drive  
☒ Director Suite 397  
☐ President Portland, Oregon 97217  
☐ Vice President \_\_\_\_\_  
☐ Secretary \_\_\_\_\_ ☐ Treasurer \_\_\_\_\_  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: Bud Pierce  
☐ Vice Chairman Address: 700 N Hayden Island Drive  
☐ Director Suite 397  
☒ President Portland, Oregon 97217  
☐ Vice President \_\_\_\_\_  
☐ Secretary \_\_\_\_\_ ☐ Treasurer \_\_\_\_\_  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: Lisa Burdette  
☐ Vice Chairman Address: 700 N Hayden Island Drive  
☐ Director Suite 397  
☐ President Portland, Oregon 97217  
☐ Vice President \_\_\_\_\_  
☒ Secretary \_\_\_\_\_ ☐ Treasurer \_\_\_\_\_  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary \_\_\_\_\_ ☐ Treasurer \_\_\_\_\_  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ 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. PROMISE KING, DIRECTOR  
 (Typed or printed name and capacity of person signing application)

Feb. 13. 2021 10:56AM

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# State of Oregon

OFFICE OF THE SECRETARY OF STATE  
Corporation Division

## Certificate of Existence 742Y251M9

I, **SHEMIA FAGAN, SECRETARY OF STATE**, and Custodian of the Seal of said State, do hereby certify:

**LEAGUE OF MINORITY VOTERS**

is

a Nonprofit Corporation

under the laws of The State of Oregon

and is active on the records of the Corporation Division as of the date of this certificate.

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SECRETARY OF STATE  
TALENT, OR



*In Testimony Whereof, I have hereunto set my hand and affixed hereto the Seal of the State of Oregon.*

**SHEMIA FAGAN, SECRETARY OF STATE**

1/13/2021

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