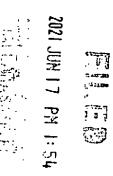
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(Rec	questor's Name	·)
(Add	lress)	
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(City	/State/Zip/Pho	ne #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Na	ame)
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Certified Copies	Certificate	es of Status
Special Instructions to F	Souog	04238624
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COVER LETTER

	60,	EK BEI I BK	
	Registration Section Division of Corporations		
SUBJE	CT: FUNDACION DE AMERICA A	NJ NonProtit Corpora	tion
	Name of Cor	poration – must include suffix	
Dear Sir	or Madam:		
Affairs i	in Florida", "Certificate of Existence",	r Profit Corporation for Authorization to Co , or "Certificate of Status" and check are su rporation to conduct its affairs in Florida.	onduct its bmitted to
Please re	eturn all correspondence concerning t	his matter to the following:	
	PASTOR K	IRSTEN MCKEAN	
	N	Jame of Person	-
	FUNDACION DE AMERICA A	NJ NONPROFIT CORPORATION	
	-	Firm/Company	•
			. · · · · ·
			[2]
	1180 GRI	EEN VISTA CIRCLE	1021 JUN 1 1
		Address	
	APOF	PKA FL 32712	Size. T
	Cíty/	State and Zip Code	mps -
	FUNDACIONDEA	AMERICA@YAHOO.COM	
	E-mail address: (to be use	ed for future annual report notification)	-
For furt	her information concerning this matte	r, please call:	
PASTO	R KIRSTEN MCKEAN	407 936-4381 at ()	
	Name of Person	Area Code Daytime Telephone N	lumber
	Mailing Address: Registration Section	Street Address: Registration Section	
	Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee	
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite	e 810

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 &

Tallahassee, FL 32303

□\$87.50 Filing Fee,

□\$78.75 Filing Fee &

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:

FUNDACION	DE AMERICA	NJ NO	riton940	· COPPOR	ation			
(Name of corpor import in langua in the name at pr	ration: must include age as will clearly incresent. "Company" o	the word "INCO dicate that it is a or "Co." may not	ORPORATED" or a corporation insteat t be used as a corp	"CORPORATION d of a natural per orate suffix by a n	d" or words or ab son or partnershi conprofit corpora	breviation p if not so tion.)	s of lik contair	ie ned
	DE AMERICA NON							
(If name unava	ilable in Florida, ent	er alternate con	porate name adopt	ed for the purpose	of transacting bi	usiness in I	Florida)
NEW JERSEY	(7		46-0679365			
(State or cour	riry under the law of	which it is inco	orporated)	(FEI nun	ber, if applicable	e)		_
·(D	Date of Incorporation)	J	(Date of dura	tion, if other that	n perpetual	l)	_
(Date first condu	OF THE REGISTRA	a if prior to regis	stration. See section	s 617.1501 & 617	.1502, F.S, to deta	ermine pen	alty lial	bility.)
	STEN MCKEAN /I							
-		(Pr	rincipal office stre	et address)				
SAME OF ABO	OVE			W. 1. 12.	<u> </u>			_
		(Curre	ent mailing addres	s, it different)			25	
						-	2	
Help woman	and childrens abuse,	legal consulting	,food,health and clo	ouding.		i ·	=	7.3
(Purpose(s) of	corporation authorize	ed in home state	or country to be o	arried out in the s	tate of Florida)	1325		1747573 1447573
. Name and <u>str</u>	eet address of Flor	ida registered	agent: (P.O. Box	NOT acceptabl	e)	34-7 60 14-4 14-4	2021 JUH 1 7 PM	्र इन्हें अर्थका
	PASTOR KIRSTEN	N MCKEAN				171.00		-
Name:	PASTOR KIRSTEN	CACIDCLE			<u>.</u>	- 77	1:54	
Office Address:	1180 GREEN VIST	TACINCEL	· -			_ '		
	АРОРКА		, FI	orida <u>32712</u>	Zip Code)	_		
	(City)		(.	zip Code)			
Having been no designated in th further agree to	I agent's acceptan amed as registered his application, I h o comply with the p jar with and accep	l agent and to vereby accept to provisions of a	he appointment ill statutes relati	as registered ag ve to the proper	ent ana agree i and complete p	o aci in i	nus caj	pacuv.
	<i></i>	1 GHA	rull	ecee				
			(Registered agent's	signature)	4/24/20-	נע		

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	S PASTOR KIRSTEN MCKEAN		EDWIN AYALA
≡ Chairman	Name:	□ Chairman	Name:
□Vice Chairman	Address:	≣Vice Chairman	Address:
□Director	APOPKA FL 32712.	☐ Director	ALTAMONTE SPRINGS FL 32714
■ President		□President	<u> </u>
□Vice President		□Vice President	
□Secretary	□Treasurer	☐ Secretary	□Treasurer
□Other:	Other:	Other:	Other:
□Chairman	JEAN BALBUENA POLANCO	□Chairman	Name Sara DAMS
■Vice Chairman	Address:	□Vice Chairman	Address: 180 Gruen Vista C
□Director	APOPKA FL 32712	Director	Apopka fl. 30712
□President		□President	
□Vice President		□ Vice President	
☐Secretary	□Treasurer	□Secretary	☐Treasurer 202
□Other:	☐ Other:	□Other:	□Other: □
	GUILLERMINA CHAHIN	□Chairman	Name:
	Name:	□Vice Chairman	ം വ
□Vice Chairman □Director	Address:APOPKA FL 32712	□ Vice Chairman	Audress.
□President		□President	
□Vice President		□Vice President	
■ Secretary	□Treasurer	☐ Secretary	Treasurer
Other:	Other:	□Other:	Other:
Non-indexed indi	nt Notice: Use an attachment to report more that ividuals may be added to the index when filing (Signature of Chairman, Vice Chairman, or an annual Chahrant (Chahrant)	your Florida Department	of State Annual Report form. To the application)

STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES SHORT FORM STANDING

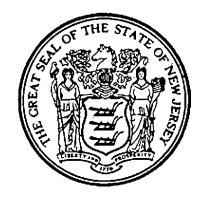
FUNDACION DE AMERICA A NJ NONPROFIT CORPORATION 0400508847

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Non-Profit Corporation was registered by this office on July 30, 2012.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

KIRSTEN MCKEAN 149 BLACK HORSE LN NORTH BRUNSWICK, NJ 08092



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 24th day of May, 2021

Elizabeth Maher Muoio State Treasurer 2021 JUN 17 PH 1:51



June 3, 2021

PASTOR KIRSTEN MCKEAN 1180 GREEN VISTA CIRCLE APOPKA, FL 32712 US

We have received your document for FUNDACION DE AMERICA INC 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 document must contain a statement containing the purpose(s) authorized by the jurisdiction of its incorporation, of which it intends to pursue in this state, pursuant to 617.1503(d), Florida Statutes.

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

Please update the coverletter to match the certificate of existence.

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.

Sharon D Franklin Regulatory Specialist II

Letter Number: 821A00012120

RECEIVED
JUN 1 7 20/1

www.sunbiz.org

Division of Comparations D.O. DOV 0997 T. H. J. D. C. 1. 9994