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S. FRANKLIN

COVER LETTER

TO:	Registration Section Division of Corporations National College Players Association, Inc.					
SUBJECT: Name of Corporation – must include suffix						
Dear S	ir or Madam:					
Affairs	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 r the above referenced not for profit corporation to conduct its affairs in Florida.					
Please	return all correspondence concerning this matter to the following:					
	Ramogi Huma					
	Name of Person					
	National College Players Association					
	Firm/Company					
	6709 Borges St					
	Address Corona, CA 92880 City/State and Zip Code rhuma@ncpanow.org					
Address						
Corona, CA 92880						
	City/State and Zip Code					
	rhuma@ncpanow.org					
	E-mail address: (to be used for future annual report notification)					
For fu	rther information concerning this matter, please call:					
Ramo	ogi Huma 951 898-0985					
	Name of Person at () Name of Person Area Code Daytime Telephone Number					
	Name of Person Area Code Daytime Telephone Number					
	Mailing Address: Street Address: Parietration Section					
	Registration Section Registration Section Division of Corporations Division of Corporations					
	P.O. Box 6327 The Centre of Tallahassee					
	Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					
Enclo	sed is a check for the following amount:					
	Please make check payable to: FLORIDA DEPARTMENT OF STATE					
= \$7	0.00 Filing Fee \$\sum \\$78.75 Filing Fee & \$\sum \\$78.75 Filing Fee & \$\cup \\$87.50 Filing Fee, \$\cup \\$Certificate of Status Certified Copy Certified Copy	æ				

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:

		RATED" or "CORPORATION" or words or abbroration instead of a natural person or partnership is dea as a corporate suffix by a nonprofit corporation	f not so contained n.)
C Players Ass			
If name unav	nilable in Florida, enter alternate corporate	name adopted for the purpose of transacting busi	ness in Florida)
California		3. (72-0635571 (FEI number, if applicable)	
(State or cou	ntry under the law of which it is incorporate	(FEI number, if applicable)	
1/16/2001		5.	
(f	Date of Incorporation)	5. (Date of duration, if other than p	erpetual)
7/1/22			
	•	See sections 617.1501 & 617.1502, F.S. to determ	iine penalty liability.)
709 Borges S	t, Corona, CA 92880		
	(Principa	l office street address)	
	(Current ma	iling address, if different)	
			10,11
šonprofit adv	ocacy to protect future, current, and former	college athletes.	15
		college athletes. untry to be carried out in the state of Florida)	
Purpose(s) of	corporation authorized in home state or cou	untry to be carried out in the state of Florida)	
Purpose(s) of		untry to be carried out in the state of Florida)	
Purpose(s) of	corporation authorized in home state or cou	untry to be carried out in the state of Florida) (P.O. Box <u>NOT</u> acceptable)	
Purpose(s) of Vame and str	corporation authorized in home state or cou eet address of Florida registered agent: Northwest Registered Agent LLC	untry to be carried out in the state of Florida)	
Purpose(s) of Vame and str	corporation authorized in home state or corect address of Florida registered agent: Northwest Registered Agent LLC 7901 4th St STE 300	(P.O. Box <u>NOT</u> acceptable)	
Purpose(s) of lame and str	corporation authorized in home state or councet address of Florida registered agent: Northwest Registered Agent LLC 7901 4th St STE 300 St. Petersburg	(P.O. Box <u>NOT</u> acceptable) Florida 33702	
Purpose(s) of lame and str	corporation authorized in home state or corect address of Florida registered agent: Northwest Registered Agent LLC 7901 4th St STE 300	untry to be carried out in the state of Florida) (P.O. Box <u>NOT</u> acceptable)	
Purpose(s) of fame and str Name: ce Address:	corporation authorized in home state or councet address of Florida registered agent: Northwest Registered Agent LLC 7901 4th St STE 300 St. Petersburg (City) Lagent's acceptance:	(P.O. Box NOT acceptable) , Florida	14 F. T. 28
Name: Ce Address: Registered in the strategies of the strategies	corporation authorized in home state or councet address of Florida registered agent: Northwest Registered Agent LLC 7901 4th St STE 300 St. Petersburg (City) I agent's acceptance: amed as registered agent and to accept this application, I hereby accept the app	(P.O. Box NOT acceptable) , Florida	oration at the place
Name: Registered Ring been not the parted in the parted to the parted	corporation authorized in home state or councet address of Florida registered agent: Northwest Registered Agent LLC 7901 4th St STE 300 St. Petersburg (City) I agent's acceptance: amed as registered agent and to accept this application, I hereby accept the app	(P.O. Box NOT acceptable) , Florida	oration at the place in this capacity.
Name and str Name: ice Address: Registered ving been no ignated in the	corporation authorized in home state or corporation authorized in home state or corporation authorized in home state or corporation authorized agent LLC Northwest Registered Agent LLC 7901 4th St STE 300 St. Petersburg (City) I agent's acceptance: amed as registered agent and to accept its application, I hereby accept the application, I hereby accept the application of the provisions of all state ar with and accept the obligations of research.	(P.O. Box NOT acceptable) , Florida	oration at the place

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. DIRECTORS Ramogi Huma Arlene Garcia							
□ Chairman	Name:6709 Borges St., Corona, CA 92880	□Chairman	Name: 6709 Borges St., Corona, CA 92880				
□Vice Chairman	Address:	□Vice Chairman A	Address:				
□Director		■Director _					
□President		□President _					
□Vice President		□Vice President _					
■ Secretary	Treasurer	☐ Secretary	□Treasurer				
Other:	Other:	□Other:	Other:				
□Chairman □Vice Chairman	Ciabe Crecion Name:		Daylon McCutcheon Name: 6709 Borges St., Corona, CA 92880				
	Address:						
Director		■Director _					
□President		□President _	19221				
□Vice President		□Vice President _					
☐ Secretary	□Treasurer	☐ Secretary	□Treasurer				
□Other:		□Other:	□Other: <u>-0</u>				
□Chairman □Vice Chairman	Jane Harris Name: 6709 Borges St., Corona, CA 92880 Address:	_ ;	Cheyane Caldwell Co Name: 6709 Borges St., Corona, CA 92880				
■ Director		Director					
□President		□President _					
□Vice President		□Vice President _					
☐ Secretary	□Treasurer	☐ Secretary	Treasurer				
□Other:	Other:	□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. Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) Ramogi Huma, Secretary, Treasurer (Typed or printed name and capacity of person signing application)							



I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name:

NATIONAL COLLEGE PLAYERS ASSOCIATION

Entity No.:

2384305

Registration Date:

11/16/2001

Entity Type:

Nonprofit Corporation - CA - Public Benefit

Formed In:

CALIFORNIA

Status:

Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if $\overline{any_0}$ 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 August 16, 2022.

SHIRLEY N. WEBER, PH.D.

Secretary of State

Certificate No.: 037666833

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at **biz**fileOnline.sos.ca.gov.



September 9, 2022

RAMOGI HUMA 6709 BORGES ST CORONA, CA 92880 US

SUBJECT: NATIONAL COLLEGE PLAYERS ASSOCIATION, INC.

Ref. Number: W22000114248

We have received your document for NATIONAL COLLEGE PLAYERS ASSOCIATION, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Missing title for Cheyane Caldwell.

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

> RECEIVED OCT 14 2022

Letter Number: 922A00020099