F2300003670

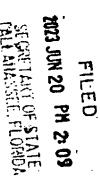
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



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05/14/23--01013--023 ++70.00



W23-86308



June 20, 2023

AMY KURTZ 1828 L STREET NW SUITE 300B WASHINGTON, DC 20036 US

SUBJECT: SIXTEEN THIRTY FUND INC.

Ref. Number: W23000086308

We have received your document for SIXTEEN THIRTY FUND INC. and check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name and title of the person signing the document must be noted beneath or opposite the signature.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 823A00013934

Ariel Jones Regulatory Specialist II

COVER LETTER

TO:	Registration Section Division of Corporations
our r	ECT: Sixteen Thirty Fund Inc.
SORI	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:
	Amy Kurtz
	Name of Person
	Sixteen Thirty Fund
	Firm/Company
	1828 L Street NW
	Suite 300B
	Address
	Washington, DC 20036
	City/State and Zip Code
	legalcompliance@sixteenthirtyfund.org
	E-mail address: (to be used for future annual report notification)
For fu	ther information concerning this matter, please call:
Kevin	Murphy 202 888-1311 at ()
	Name of Person Area Code Daytime Telephone Number
	Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303
Please	ed is a check for the following amount: make check payable to: FLORIDA DEPARTMENT OF STATE .00 Filing Fee S78.75 Filing Fee \$ \$\square\$\$\$ \$\square\$\$ \$\square\$\$ \$\square\$\$\$ Certificate of Status \$\square\$\$\$ Certified Copy \$\square\$\$\$ 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:

the name at	present. "Company" or "Co." may not be us	eo as a corpora	ale surrix by a nonpromi corpor	ation.)
If name unav	ailable in Florida, enter alternate corporate	name adopted	for the purpose of transacting l	business in Florida)
District of Co	olumbia	3 26-4486°	735	
(State or cou	olumbia intry under the law of which it is incorporat	ed)	(FEI number, it applicab	le)
02/19/2009		5.		
	Date of Incorporation)			
Date first cond	ducted affairs in Florida if prior to registration	. See sections 6	17.1501 & 617 1502. F.S. to de	termine penalty liability
	NW Suite 300B Washington, DC 20036			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	(Principal	office street	address)	<u></u>
	(Current ma	iling address i	t different)	
	(Carem ma		r differency	
Nonncoli soc			i differency	
Nonprofit, soc	nal welfare	·		
Nonprofit, soo Purpose(s) of		·		
Purpose(s) of	nal welfare	intry to be carr	ied out in the state of Florida)	SE
orpose(s) of same and str	comporation authorized in home state or cou eet address of Florida registered agent:	intry to be carr	ied out in the state of Florida)	SE
Purpose(s) of Same and <u>str</u>	comporation authorized in home state or cou eet address of Florida registered agent:	intry to be carr (P.O. Box <u>N</u> 0	ied out in the state of Florida) OT acceptable)	SE
Purpose(s) of Name and <u>str</u> Name:	comporation authorized in home state or cou eet address of Florida registered agent: URS AGENTS, LLC	intry to be carr (P.O. Box <u>N</u> 0	ied out in the state of Florida) OT acceptable)	SE
Purpose(s) of Name and <u>str</u> Name:	comporation authorized in home state or cou eet address of Florida registered agent: URS AGENTS, LLC	intry to be carr (P.O. Box <u>N</u> 0	ied out in the state of Florida) OT acceptable)	SE
Purpose(s) of Name and <u>str</u> Name:	comporation authorized in home state or cou eet address of Florida registered agent:	intry to be carr (P.O. Box <u>N</u> 0	ied out in the state of Florida) OT acceptable)	SE
Purpose(s) of Name and <u>str</u> Name: Tice Address:	corporation authorized in home state or countert address of Florida registered agent: URS AGENTS, LLC 3458 LAKESHORE DR. TALLAHASSEE (City)	intry to be carr (P.O. Box <u>N</u> 0	ied out in the state of Florida) OT acceptable)	SE
Varpose(s) of Varne and str Name: Name: ice Address:	eet address of Florida registered agent: URS AGENTS, LLC 3458 LAKESHORE DR. TALLAHASSEE (City)	(P.O. Box No	or acceptable) da 32312 (Zip Code)	SECRETARY OF STATE TALLAHASSEE, FLORD
Name and str Name: Name: ice Address: Registered	eet address of Florida registered agent: URS AGENTS, LLC 3458 LAKESHORE DR. TALLAHASSEE (City) I agent's acceptance: uned as registered agent and to accept	(P.O. Box No. Floridate of processing service of processing servic	ocess for the above stated of contact of the contac	SECRICIARY OF STATE III
Name and str Name: Name: ice Address: Registered ving been na ignated in the	eet address of Florida registered agent: URS AGENTS, LLC 3458 LAKESHORE DR. TALLAHASSEE (City) I agent's acceptance: amed as registered agent and to acceptance application, I hereby accept the application of all states.	(P.O. Box No. 1) (P.O. Box No. 1) Floring service of proportion as successive to the contract of the contrac	da 32312 (Zip Code) ocess for the above stated coregistered agent and agree to the proper and complete to	SECRETARY OF STATE the plant of act in this capacity
Name and str Name: Name: Tice Address: Registered ving been na ignated in the	eet address of Florida registered agent: URS AGENTS, LLC 3458 LAKESHORE DR. TALLAHASSEE (City) I agent's acceptance: uned as registered agent and to accept this application, I hereby accept the application.	(P.O. Box No. 1) (P.O. Box No. 1) Floring service of proportion as successive to the contract of the contrac	da 32312 (Zip Code) ocess for the above stated coregistered agent and agree to the proper and complete to	SECRETARY OF STATE the plant of act in this capacity
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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 Raul Alvillar		Dara Freed
≣ Chairman	Name:	∐Chairman	Name:
⊡Vice Chairman	Address: 1828 f. Street NW Suite 300B	□Vice Chairman	Address: 1828 L Street NW Suite 300B
□Director	Washington, DC 20036	□Director	Washington, DC 20036
T President		□President	
□Vice President		□Vice President	
II. Secretary	(1) Treasurer	☐ Secretary	■ Treasurer
COther:	Other:	□Other:	Other:
□ Chairman	Name: Douglas Hattaway	□Chairman	Name: Amy Kurtz
[Nice Chairman	Address: 1828 L Street NW State 300B	□Vice Chairman	Address: 1828 L Street NW Suite 300B
□ Director	Washington, DC 20036	□Director	Washington, DC 20036
∟President		■ President	
□Vice President		□Vice President	
∰ Secretary	⊞Treasurer	□Secretary	Treasurer
TOther:	☐ Other:	[]Other:	Other:
TChairman	Jeff Cherry Name:	□Chairman	Name: LaToia Jones
□Vice Chairman	Address: 1828 L Street NW Sune 300B	El Vice Chairman	Address: 1828 L Street NW Suite 300B
■ Director	Washington, DC 20036	■Director	Washington, DC 20036
□President		□ President	
IlVice President		□Vice President	
T.Secretary	☐Treasurer	□ Secretary	□Treasurer
_'Other	☐ Other:	□Other:	□Other:
NOTE: Importar Non-indexed/Indi 13. Amy Kurtz.	viduals may be added to the index when filing your (Signature/of Chairman, Vice Chairman, or any President	our Florida Department officer listed in number	of State Annual Report form.

Initial File #: 290501 Entity Type: Non-Profit Corporation

GOVERNMENT OF THE DISTRICT OF COLUMBIA

DEPARTMENT OF LICENSING AND CONSUMER PROTECTION CORPORATIONS DIVISION



THIS IS TO CERTIFY that all applicable provisions of the District of Columbia Business Organizations Code (Title 29) have been complied with and accordingly, this CERTIFICATE OF GOOD STANDING is hereby issued to

SIXTEEN THIRTY FUND

WE FURTHER CERTIFY that the domestic entity is formed under the law of the District on 02/19/2009; that all fees, and penalties owed to the District for entity filings collected through the Mayor have been paid and Payment is reflected in the records of the Mayor; The entity's most recent biennial report required by § 29-102.11 has been delivered for filing to the Mayor; and the entity has not been dissolved. This office does not have any information about the entity's business practices and financial standing and this certificate shall not be construed as the entity's endorsement.

IN TESTIMONY WHEREOF I have hereunto set my hand and caused the seal of this office to be affixed as of 6/13/2023 12:50 PM

Muriel Bowser Mayor

Business and Professional Licensing Administration

REBECCA JANOVICH

Superintendent of Corporations.

Rebecca Janovich

Corporations Division