F2300000014714

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(Address)						
(Address)						
(City/State/Zip/Phone #)						
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(Business Entity Name)						
(Document Number)						
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July 31, 2023

LEROY ALLEN 3410 PARK HEIGHTS AVENUE BALTIMORE, MD 21215 US

SUBJECT: NATIONAL FUND FOR THE AWARENESS OF VIOLENCE

AGAINST WOMEN AND CHILDREN

Ref. Number: W23000104004

We have received your document for NATIONAL FUND FOR THE AWARENESS OF VIOLENCE AGAINST WOMEN AND CHILDREN and check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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

Letter Number: 923A00017175

Ariel Jones Regulatory Specialist II

COVER LETTER

TO:	Registration Section Division of Corporations													
OLID.	ECT: National Fund for the Awareness of Violence Against Women and Children													
SUBJ	Name of Corporation – must include suffix													
Dear S	Sir or Madam:													
Affairs	nclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its s in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to the above referenced not for profit corporation to conduct its affairs in Florida.													
Please	return all correspondence concerning this matter to the following:													
	L eroy Allen, President													
	Name of Person													
National Fund for the Awareness of Violence Against Women and Children														
Firm/Company														
3410 Park Heights Avenue														
Address Baltimore, MD 21215 City/State and Zip Code navafund@gmail.com														
							E-mail address: (to be used for future annual report notification)							
							For fu	rther information concerning this matter, please call:						
							Leroy	Allen 410 807-6441 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	sed is a check for the following amount: make check payable to: FLORIDA DEPARTMENT OF STATE 0.00 Filing Fee \$\B\$\$578.75 Filing Fee & \$\B\$\$\$ \$\B\$\$\$ \$\B\$\$\$ \$Certificate of Status \$Certified Copy \$Certificate of Status & \$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:

er the law of which it is incorporated) accorporation) airs in Florida if prior to registration. Se	5(Date of duration, if other t	able)		
airs in Florida if prior to registration. Se	5(Date of duration, if other t		tual)	
airs in Florida if prior to registration. Se	5(Date of duration, if other t		tual)	
airs in Florida if prior to registration. Se		han perpe	tual)	
airs in Florida if prior to registration. Se		han perpe	tual)	
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	in auguione 617 1501 & 617 1502 F.S. to.			
D. 161 MD 21215	se sections 017.1501 (c. 017.1502, 17.5, 10 c	determine p	penalty l	iability.
enue Ballimore, MID ZIZIO				
enue, Baltimore, MD 21215	fice street address)	<u> </u>		
on authorized in home state or countress of Florida registered agent: (P. Allen/ Office Evolution Jacksonville Breside Avenue Suite 100	ry to be carried out in the state of Florida .O. Box <u>NOT</u> acceptable) Brooklyn		2023 AUG	
ville	. Florida ³²²⁰²		0	. 5.1
(City)	(Zip Code)		<u>_</u>	-111
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ication, I hereby accept the appoing with the provisions of all statute.	ntment as registered agent and agre is relative to the proper and complet	e to act'ii	n this c	rapacit
	housing to low income families with ion authorized in home state or countress of Florida registered agent: (Pallen/ Office Evolution Jacksonville Everside Avenue Suite 100 iville (City) s acceptance: registered agent and to accept selication, I hereby accept the appoint with the provisions of all statute and accept the obligations of my	housing to low income families with a path way to home ownership along wition authorized in home state or country to be carried out in the state of Florida registered agent: (P.O. Box NOT acceptable) Allen/Office Evolution Jacksonville Brooklyn verside Avenue Suite 100 (City) Thereby accept the appointment as registered agent and agree ication, I hereby accept the appointment as registered agent and agree.	housing to low income families with a path way to home ownership along with support ion authorized in home state or country to be carried out in the state of Florida) ress of Florida registered agent: (P.O. Box NOT acceptable) Allen/Office Evolution Jacksonville Brooklyn verside Avenue Suite 100 (City) Florida 32202 (City) (Zip Code) s acceptance: registered agent and to accept service of process for the above stated corporation ication, I hereby accept the appointment as registered agent and agree to act in with the provisions of all statutes relative to the proper and complete perform and accept the obligations of my position as registered agent.	housing to low income families with a path way to home ownership along with supportive service authorized in home state or country to be carried out in the state of Florida) ress of Florida registered agent: (P.O. Box NOT acceptable) Allen/ Office Evolution Jacksonville Brooklyn verside Avenue Suite 100 (City) Florida 32202 (City) (Zip Code) s acceptance: registered agent and to accept service of process for the above stated corporation at ication, I hereby accept the appointment as registered agent and agree to act in this copy with the provisions of all statutes relative to the proper and complete performance of and accept the obligations of my position as registered agent.

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	Leroy Allen Name:		NT.	
□ Chairman	3.110 Park Heights Avenue	□ Chairman		
□Vice Chairman	Address:	☐ Vice Chairman	Address:	
□Director	Baltimore, MD 21215	□Director		
■ President		□President		
□Vice President		□Vice President		
☐ Secretary	□Treasurer	☐ Secretary		□Treasurer
□Other:	☐ Other:	Other:		Other:
□Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Director		Director		
□President		□President		
□Vice President		□Vice President	**	
☐ Secretary	□Treasurer	Secretary		□Treasurer
□Other:	☐ Other:	Other:		□Other:
□Chairman	Name:	Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Director		□Director		
□President		□President		
□Vice President		□Vice President		
☐ Secretary	□Treasurer	☐ Secretary		□Treasurer
Other:	Other:	Other:	<u> </u>	Other:
Non-indexed indi	nt Notice: Use an attachment to report more than ividuals may be added to the index when fitting y (Signature of Chairman, Vice Chairman, or any	our Florida Department	of State Annual	Report form.
14.	Leroy Allen, President (Typed or printed name and capacity of	f person signing applicat	tion)	· · · · · · · · · · · · · · · · · · ·

STATE OF MARYLAND Department of Assessments and Taxation

I, MICHAEL L. HIGGS OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR THE RIGHTS OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT NATIONAL FUND FOR THE AWARENESS OF VIOLENCE AGAINST WOMEN AND CHILDREN, INC. (D07373046), INCORPORATED MAY 14, 2003, IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF

MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN

ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS JULY 06, 2023.

Michael L. Higgs

Director



301 West Preston Street, Baltimore, Maryland 21201 Telephone Baltimore Metro (410) 767-1340 / Outside Baltimore Metro (888) 246-5941 MRS (Maryland Relay Service) (800) 735-2258 TT/Voice

> Online Certificate Authentication Code: SwqAjScy80-wQiqarwEKCQ To verify the Authentication Code, visit http://dat.maryland.gov/verify