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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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MAIL

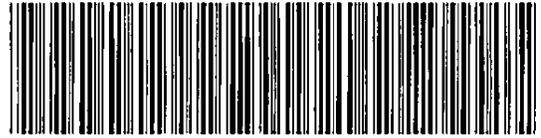
(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 1, 2023

LORRAINE RICHARDSON
2338 IMMOKALEE ROAD, SUITE 128
NAPLES, FL 34110 US

SUBJECT: NATIONAL COALITION FOR PERSONAL FININCIAL EDUCATION
INCORPORATED
Ref. Number: W23000149113

We have received your document for NATIONAL COALITION FOR PERSONAL FININCIAL EDUCATION INCORPORATED and check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Incomplete principle address, incomplete mailing address, and incomplete purpose listed.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

STANTON H ROBERTS
Regulatory Specialist III

Letter Number: 523A00025376

RECEIVED
NOV 13 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: National Coalition for Personal Financial Education Incorporated

Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Lorraine Richardson

Name of Person

National Coalition for Personal Financial Education

Firm/Company

2338 Immokalee Road

Suite 128

Address

Naples, FL 34110

City/State and Zip Code

lrichardson@growthdevelopment.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lorraine Richardson

at (239)

298-0443

Name of Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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 &
Certificate of Status

\$78.75 Filing Fee &
Certified Copy

\$87.50 Filing Fee,
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:

1. National Coalition for Personal Financial Education 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. Maryland 3. 92-4013608
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. February 15, 2023 5. _____
(Date of Incorporation) (Date of duration, if other than perpetual)

6. N/A
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 16448 Carrara Way Unit 301, Naples, FL 34110
(Principal office street address)

2338 Immokalee Road Suite 128, Naples, FL 34110
(Current mailing address, if different)

8. Provide personal financial education at no cost to individuals, communities, organizations, schools, etc. See attached miss
(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: Lorraine Richardson
Office Address: 16448 Carrara Way Unit 301
Naples, Florida 34110
(City) (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.

Lorraine Richardson
(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.

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: Eric Richardson
 Vice Chairman Address: 16448 Carrara Way Unit 301
 Director Naples, FL 34110
 President _____
 Vice President _____
 Secretary Treasurer _____
 Other: _____ Other: _____

Chairman Name: Gloria Parker
 Vice Chairman Address: 10213 Wetherburn Rd.
 Director Ellicott City, MD 21042
 President _____
 Vice President _____
 Secretary Treasurer _____
 Other: _____ Other: _____

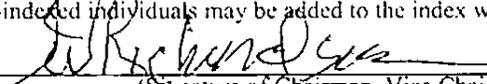
Chairman Name: Peyton Herbert
 Vice Chairman Address: 254 Glenda Ct.
 Director Millersville, MD 21108
 President _____
 Vice President _____
 Secretary Treasurer _____
 Other: _____ Other: _____

Chairman Name: Robert Dashiell
 Vice Chairman Address: 176 Whitehead Road
 Director Baltimore, MD 21207
 President _____
 Vice President _____
 Secretary Treasurer _____
 Other: _____ Other: _____

Chairman Name: Lorraine Richardson
 Vice Chairman Address: 16448 Carrara Way Unit 301
 Director Naples, FL 34110
 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. Eric Richardson, President
(Typed or printed name and capacity of person signing application)

National Coalition for Personal Financial Education Incorporated

Mission Statement

The mission of the National Coalition for Personal Financial Education Incorporated is to create and maintain an infrastructure that ensures that everyone can learn how to make the financial decisions that can generate wealth and propel families and communities across the generational wealth gap. To accomplish this goal, the non-profit corporation will engage in the following activities:

1. Continuously source, create, and update comprehensive personal financial education designed to educate and motivate individuals and families of all socio-economic levels to make decisions that create financial wellness and generational wealth.
2. Solicit contributions from public and private organizations to provide personal financial education at no cost to individuals, communities, organizations, churches, schools, and community colleges.
3. Create and manage an annual conference to engage people from schools, colleges, nonprofit organizations, for-profit companies, and state and federal government entities in sharing resources and knowledge, including courseware, success stories, funding opportunities, workshops, etc.
4. Create and distribute newsletters to promote personal financial education and positive outcomes.
5. Market personal financial education to organizations and individuals.

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 COALITION FOR PERSONAL FINANCIAL EDUCATION INCORPORATED (D23711260), INCORPORATED FEBRUARY 15, 2023, 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 OCTOBER 20, 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

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To verify the Authentication Code, visit <http://dat.maryland.gov/verify>