

**ARTICLES OF INCORPORATION
OF THE
DC HISPANIC CONTRACTORS ASSOCIATION
A NON-PROFIT CORPORATION**

TO:

Department Of Consumer And Regulatory Affairs
Business & Professional Licensing Administration
Corporations Division
941 North Capital Street, NE
Washington. DC 20002

We, the undersigned natural persons of the age of twenty-one years or more, acting as incorporators of corporation under the NON-PROFIT CORPORATION ACT (D.C. Code, 2001 edition, Title 29, Chapter 3), adopt the following Articles of Incorporation:

FIRST: The Name of the Corporation is the **DC Hispanic Contractors Association.**

SECOND: The period of its duration is perpetual.

THIRD: The purpose of the Corporation is: a) to assist Hispanic and Minority businesses participate in the competitive enterprise system of business; b) to educate the business community; c) to support business interests; d) to promote business and community growth through promoting economic programs designed to strengthen and expand the income potential of all Hispanic and Minority business within the contractor trade areas; e) to promote programs of civic, social and cultural nature designed to enhance the functional and practical relationship and values between business and the Hispanic and Minority communities; f) to promote and reinforce the values of good business practices by educating the general business community and the empowerment of Hispanic and Minority businesses and enabling Hispanic and Minority businesses access and participation in the process as well-informed advocates and leaders representing their respective businesses and business communities; g) to organize as a non-profit corporation, to use conferences and programs as a vehicle to educate, train and inform Hispanics and other Minorities on issues dealing with business and leadership; h) to offer workshops, programs, seminars and other activities, including communication and outreach efforts that focus on business and leadership issues that affect the Hispanic and



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other Minority communities; i) to assist students to interface and network with the business community and local leadership; j) to receive property by device or bequest, subject to the laws regulating the transfer of property by will, and otherwise to acquire and hold all property, including but not limited to acting as trustee, real or personal, including without limitation, shares of stock, bonds, and securities of other corporations; k) to sell, convey, exchange lease, mortgage, encumber, transfer on trust, or otherwise dispose of any such property, both real and personal, as the objects and purpose of the Corporation may require, subject to such limitations as may be prescribed by law; and l) to borrow money, contract, secure payment, sue and be sued, and other activities associated with the performance of or the protection of such purposes and activities associated with non-profit entities.

FOURTH: The Corporation shall have: 1) members; 2) the number of classes of members shall be one (1) class; and 3) such class of members shall possess voting rights.

FIFTH: The manner in which the directors shall be elected or appointed shall be provided in the by-laws.

SIXTH: The Corporation shall operate and maintain provisions for the regulation of the internal affairs of the Corporation within its by-laws.

SEVENTH: No part of the net earnings of the Corporation shall accrue to the benefit of or be distributable to its directors, officers or other private persons, except that the Corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth herein. Notwithstanding any other provisions of these Articles, the Corporation shall not carry on any activities not permitted to be conducted by an association exempt from federal income tax under section 501(c) of the Internal Revenue Code (or the corresponding provision of any United States Revenue law).

Furthermore, upon dissolution, the Board of Directors, after paying or making provisions for the payment of all liabilities, shall arrange for the distribution of all remaining assets in a manner consistent with the Corporation's purposes and with applicable provisions of law. Upon the dissolution of the Corporation, the Board of Directors shall, after paying or making provisions for the payment of all liabilities of the Corporation, dispose of all the assets of the Corporation exclusively for the purpose of the Corporation, or to such organization or organizations under Section 501 of the Internal Revenue Code (or the corresponding provision of any further United States Revenue law), in such manner as the Board of Directors shall determine.

Any other such qualification or benefit as designated by the Corporation, statute, regulation or other provision of the law which applies to the herein Corporation as an exempt or not-for profit corporation, may also be inclusive of the Corporations internal affairs. To the extent that any provision in these Articles cites a statute, regulation or

other provision of law, it refers to such provision currently in effect and as it may be amended, replaced or recodified from time to time by means of binding legislative or administrative action.

EIGHTH: The address, including street and number of the initial registered office of the Corporation is 2101 16th Street, N.W., - Suite 814, Washington. DC 20009, and the name of the initial registered agent and District of Columbia resident at such address is Guadalupe Rodriquez.

NINTH: The number of directors constituting the board of directors is between three (3) and fifteen (15), and the names and addresses, including street and number and zip code of the persons who are to serve as directors until the first annual meeting or until their successors are elected and qualified are the following four (4) directors:

Maria P. Corrales
1330 Locust Road, N.W.
Washington, D.C. 20012

Carlos Perdomo
1600 K Street, N.W. – Suite 350
Washington, D.C. 20006

Guadalupe Rodriguez
2101 16th Street, N.W. – Suite 814
Washington, D.C. 20009

Lorenzo Zarate
9201 Goodluck Road
Lanham, Maryland 20706

TENTH: The name and address, including street and number and zip codes, of each incorporator are:

Maria P. Corrales
1330 Locust Road, N.W.
Washington, D.C. 20012

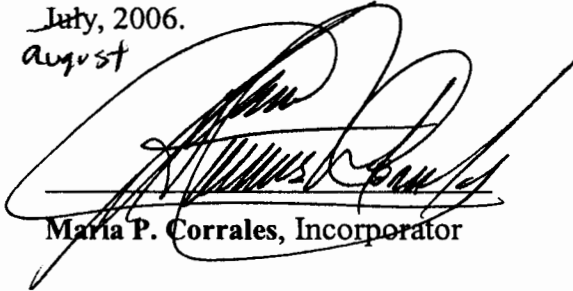
Carlos Perdomo
1600 K Street, N.W. – Suite 350
Washington, D.C. 20006

Guadalupe Rodriguez
2101 16th Street, N.W. – Suite 814
Washington, D.C. 20009

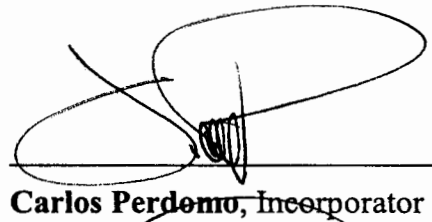
Lorenzo Zarate
9201 Goodluck Road
Lanham, Maryland 20706

Respectfully submitted,

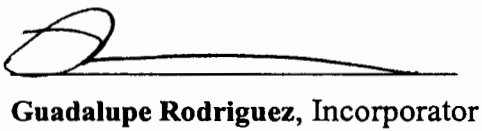
IN TESTIMONY WHEREOF, we have hereunto set our hand and seal this 4th day of ~~July~~, 2006.
August



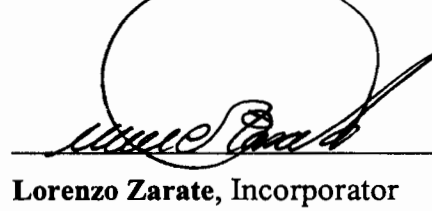
Maria P. Corrales, Incorporator



Carlos Perdomo, Incorporator



Guadalupe Rodriguez, Incorporator



Lorenzo Zarate, Incorporator

I, Blanca Giron, a Notary Public,
August
hereby certify that on 4 th day of ~~July~~, 2006, Maria P. Corralez, Carlos Perdomo,
Guadalupe Rodriguez and Lorenzo Zarate appeared before me and executed the
foregoing documents as incorporators and have averred that the statements therein
contained are true.

(Notary Seal)

Blanca Giron
Notary Public *certified 6-04*
today's date 8/4/06



DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS
BUSINESS AND PROFESSIONAL LICENSING ADMINISTRATION
CORPORATIONS DIVISION

Government
Of the District of Columbia
DCRA
Corporations Division
P.O. Box 92300
WASHINGTON, D.C. 20090

WRITTEN CONSENT TO ACT AS REGISTERED AGENT

TO:
The Superintendent of Corporations
Department of Consumer and Regulatory Affairs
Business and Professional Licensing Administration,

(A) BY A DISTRICT OF COLUMBIA RESIDENT
PURSUANT TO D.C. CODE TITLE 29, and TITLE 41

I, Guadalupe Rodriguez
A Bona fide Resident of the District of Columbia Herein Consent to Act as a Registered
Agent For: DC Hispanic Contractors Association

Name of Business
SIGNATURE OF REGISTERED AGENT

DATE: _____

(B) BY A LEGALLY AUTHORIZED CORPORATION
THE CORPORATION HEREIN NAMED IS:

An Authorized Corporate Registered Agent in the District of Columbia, per Signatures of
its President/Vice-President and Secretary/Assistant Secretary, Herein Consents to Act as
Registered Agent
For: _____

NAME OF COMPANY _____
SIGNATURE: _____ OF PRESIDENT OR VICE-
PRESIDENT
ATTEST: _____ OF SECRETARY OR ASSISTANT
SECRETARY
DATE: _____

For General Information Call:
The Corporations Division - (202) 442-4432

**Please check our corporate website to view organizations required to register, to
search business names, to obtain step-by-step guidelines to register an organization,**



GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS



C E R T I F I C A T E

THIS IS TO CERTIFY that there were received and accepted for record in the Department of Consumer and Regulatory Affairs, Corporations Division, on the **4th** day of **August , 2006** *Articles of Incorporation of:*

DC HISPANIC CONTRACTORS ASSOCIATION

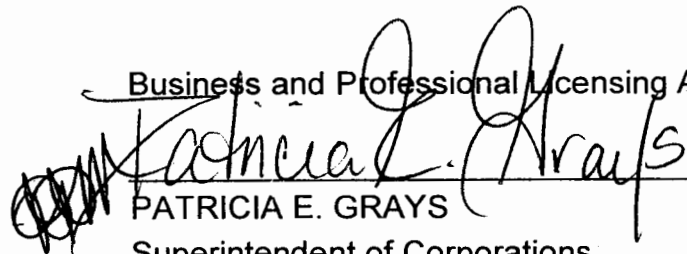
The above named corporation is duly incorporated and existing pursuant to and by virtue of the Nonprofit Corporation Act of the District of Columbia and authorized to conduct its affairs in the District of Columbia as of the date mentioned above.

WE FURTHER CERTIFY that the above entitled corporation is at the time of issuance of this certificate in Good Standing , according to the records of the Corporations Division, having filed all reports required by the District of Columbia Nonprofit Corporation Act.

IN TESTIMONY WHEREOF I have hereunto set my hand and caused the seal of this office to be affixed this **4th** day of **August , 2006** .

PATRICK J. CANAVAN, PSY. D.
DIRECTOR

Business and Professional Licensing Administration


PATRICIA E. GRAYS
Superintendent of Corporations
Corporations Division

Anthony A. Williams
Mayor

Form SS-4 (Rev. December 2001) Department of the Treasury Internal Revenue Service	Application for Employer Identification Number (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.) ▶ See separate instructions for each line. ▶ Keep a copy for your records.	EIN 20-5325447 OMB No. 1545-0003															
1* Legal name of entity (or individual) for whom the EIN is being requested DC Hispanic Contractors Association																	
2 Trade name of business (if different from name on line 1) DCHCA		3 Executor, trustee, "care of" name															
4a* Mailing address (room, apt., suite no. and street, or P.O. box) 1600 K Street NW Suite 350		5a Street address (if different) (Do not enter a P.O. box)															
4b* City, state, and ZIP code Washington DC 20006 -		5b City, state, and ZIP code															
6* County and state where principal business is located County Washington State DC																	
7a* Name of principal officer, general partner, grantor, owner, or trustor Carlos Perdomo		7b* SSN, ITIN, EIN 228-13-0709															
8a* Type of entity (check only one) <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;"> <input type="checkbox"/> Sole Proprietor (SSN) <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation (enter form number to be filed) ▶ Nonprofit <input type="checkbox"/> Personal Service <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Other nonprofit organization (specify) ▶ <input type="checkbox"/> Other (specify) ▶ </td> <td style="width:50%; border: none;"> <input type="checkbox"/> Estate (SSN of decedent) <input type="checkbox"/> Plan administrator (SSN) <input type="checkbox"/> Trust (SSN of grantor) <input type="checkbox"/> National Guard <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> REMIC Group Exemption NO. (GEN) ▶ </td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"> <input type="checkbox"/> State/local government <input type="checkbox"/> Federal government/military <input type="checkbox"/> Indian tribal government/enterprises </td> </tr> </table>			<input type="checkbox"/> Sole Proprietor (SSN) <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation (enter form number to be filed) ▶ Nonprofit <input type="checkbox"/> Personal Service <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Other nonprofit organization (specify) ▶ <input type="checkbox"/> Other (specify) ▶	<input type="checkbox"/> Estate (SSN of decedent) <input type="checkbox"/> Plan administrator (SSN) <input type="checkbox"/> Trust (SSN of grantor) <input type="checkbox"/> National Guard <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> REMIC Group Exemption NO. (GEN) ▶		<input type="checkbox"/> State/local government <input type="checkbox"/> Federal government/military <input type="checkbox"/> Indian tribal government/enterprises											
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8b* If a corporation, name the state or foreign country (if applicable) where incorporated		State DC															
9* Reason for applying (check only one) <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;"> <input checked="" type="checkbox"/> Started new business (specify type) ▶ Nonprof Busines Org <input type="checkbox"/> Hired employees (Check the box and see line 12) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ▶ </td> <td style="width:50%; border: none;"> <input type="checkbox"/> Banking purpose (specify purpose) ▶ <input type="checkbox"/> Changed type of organization (specify new type) ▶ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ <input type="checkbox"/> Created a pension plan (specify type) ▶ </td> </tr> </table>			<input checked="" type="checkbox"/> Started new business (specify type) ▶ Nonprof Busines Org <input type="checkbox"/> Hired employees (Check the box and see line 12) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ▶	<input type="checkbox"/> Banking purpose (specify purpose) ▶ <input type="checkbox"/> Changed type of organization (specify new type) ▶ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ <input type="checkbox"/> Created a pension plan (specify type) ▶													
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10* Date business started or acquired (month, day, year) AUG 7 2006		11* Closing month of accounting year DEC															
12 First date wages or annuities were paid or will be paid (month, day, year) <i>Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)</i> ▶																	
13 Highest number of employees expected in the next twelve months <i>Note: If the applicant does not expect to have any employees during the period, enter "-0-"</i> ▶ <table style="width:100%; border: none; margin-left: 400px;"> <tr> <td style="border: none;">Agriculture</td> <td style="border: none;">Household</td> <td style="border: none;">Other</td> </tr> <tr> <td style="border: none; text-align: center;">0</td> <td style="border: none; text-align: center;">0</td> <td style="border: none; text-align: center;">0</td> </tr> </table>			Agriculture	Household	Other	0	0	0									
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0	0	0															
14* Check box that best describes the principal activity of your business <table style="width:100%; border: none; margin-left: 40px;"> <tr> <td style="border: none;"><input type="checkbox"/> Construction</td> <td style="border: none;"><input type="checkbox"/> Rental & leasing</td> <td style="border: none;"><input type="checkbox"/> Transportation & warehousing</td> <td style="border: none;"><input type="checkbox"/> Health care & social assistance</td> <td style="border: none;"><input type="checkbox"/> Wholesale-agent/broker</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Real estate</td> <td style="border: none;"><input type="checkbox"/> Manufacturing</td> <td style="border: none;"><input type="checkbox"/> Finance & insurance</td> <td style="border: none;"><input type="checkbox"/> Accommodation & food service</td> <td style="border: none;"><input type="checkbox"/> Wholesale-other</td> </tr> <tr> <td colspan="5" style="border: none;"><input checked="" type="checkbox"/> Other (specify) Nonprof Bus Support Org</td> </tr> </table>			<input type="checkbox"/> Construction	<input type="checkbox"/> Rental & leasing	<input type="checkbox"/> Transportation & warehousing	<input type="checkbox"/> Health care & social assistance	<input type="checkbox"/> Wholesale-agent/broker	<input type="checkbox"/> Real estate	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Finance & insurance	<input type="checkbox"/> Accommodation & food service	<input type="checkbox"/> Wholesale-other	<input checked="" type="checkbox"/> Other (specify) Nonprof Bus Support Org				
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15* Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. Nonprofit Services Supporting Small Business																	
16a* Has the applicant ever applied for an employer identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>Note If "Yes" please complete lines 16b and 16c</i>																	
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ▶ Trade name ▶																	
16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (month, day, year) City and state where filed Previous EIN																	
Complete section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form																	
Third Party Designee	Designee's name Address and ZIP code	Designee's telephone number (include area code) () - Designee's fax number (include area code) () -															
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete. Name and title (type or print clearly) ▶ Carlos Perdomo Signature ▶ Not Required Date ▶ August 05, 2006 GMT		Applicant's telephone number (include area code) (202) 857 - 7903 Applicant's fax number (include area code) () -															

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS



C E R T I F I C A T E

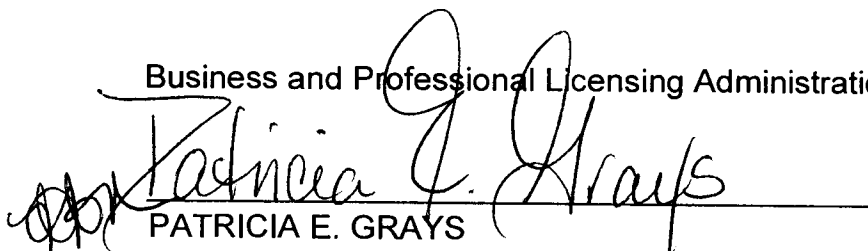
THIS IS TO CERTIFY that all applicable provisions of the District of Columbia NonProfit Corporation Act have been complied with and accordingly, this **CERTIFICATE OF INCORPORATION** is hereby issued to:

DC HISPANIC CONTRACTORS ASSOCIATION

IN WITNESS WHEREOF I have hereunto set my hand and caused the seal of this office to be affixed as of the **4th** day of **August, 2006**.

PATRICK J. CANAVAN, PSY. D.
DIRECTOR

Business and Professional Licensing Administration


PATRICIA E. GRAYS
Superintendent of Corporations
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