

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000034692 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA00000023 Phone : (850)205-8842

Fax Number

: (850)878-5368

\*\*Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please \*\*

Email Address:

ÇQ

### FOREIGN PROFIT/NONPROFIT CORPORATION

Education Pioneers, Inc.

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 06      |
| Estimated Charge      | \$70.00 |

Electronic Filing Menu

Corporate Filing Menu

|   | COVE   | R LETTER   |  |  |  |  |
|---|--|--|--|--|--|--|
| TO:   | New Filing Section   |  |  |  |  |  |
|   | Division of Corporations   |  |  |  |  |  |
| SUBJ  | ECT: Education Pioneers, Inc.  |  |  |  |  |  |
|   | Name of Corpor   | ation – must include suffix  |  |  |  |  |
| Dear S  | ir or Madam:   |  |  |  |  |  |
| Affairs                                       | closed "Application by Foreign Not for Pr<br>in Florida", "Certificate of Existence", or<br>r the above referenced not for profit corpo- | ofit Corporation for Authorization to Conduct its "Certificate of Status" and check are submitted to ration to conduct its affairs in Florida. |  |  |  |  |
| Please  | return all correspondence concerning this  | matter to the following:   |  |  |  |  |
|   | Zachary Ciaffi   |  |  |  |  |  |
|   | Nam  | e of Person  |  |  |  |  |
|   | Education Pioneers, Inc.   | Education Pioneers, Inc.   |  |  |  |  |
|   | Firm   | n/Company  |  |  |  |  |
|   | 386 Fore Street, Suite 304   |  |  |  |  |  |
|   |  |  |  |  |  |  |
|   |  | Address 5 7  |  |  |  |  |
|   | Ponland ME 04101   |  |  |  |  |  |
|   | City/State   | e and Zip Code   |  |  |  |  |
|   | accounting@cducationpioneers.org   |  |  |  |  |  |
|   | E-mail address: (to be used for  | or future annual report notification)  |  |  |  |  |
| For fur                                       | ther information concerning this matter, pl  | ense call:   |  |  |  |  |
| Zuchar  | y Cialñ  | 207 590-5320   |  |  |  |  |
|   | Name of Person   | Area Code & Daytime Telephone Number   |  |  |  |  |
|   | MAILING ADDRESS:   | STREET/COURIER ADDRESS:  |  |  |  |  |
|   | New Filing Section   | New Filing Section   |  |  |  |  |
|   | Division of Corporations   | Division of Corporations   |  |  |  |  |
|   | P.O. Box 6327  | Clifton Building   |  |  |  |  |
| Tallahassee, FL 32314 2661 Executive Center C |  |  |  |  |  |  |

Tallahassee, FL 32301

□ \$87.50 Filing Fee,

Certified Copy

Certificate of Status &

□\$78.75 Filing Fee &

Certified Copy

Enclosed is a check for the following amount:

□S78.75 Filing Fee &

Certificate of Status

网 \$70.00 Filing Fee

# 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 STATE OF THE                             | ORIDA.   |   |                                       |                        |   |
|--|--|---|---------------------------------------|------------------------|---|
| I. Education Pioneer                         |  |   |                                       |                        |   |
| (Name of corporation import in language a    | n: must include the word "INCURPORATE<br>s will clearly indicate that it is a corporation<br>nt. "Company" or "Co." may not be used as | D" or "CORPOR                           | ATION" or words                       | or abbreviations of    | like<br>mined                           |
| in the name at preser                        | nt. "Company" or "Co." may not be used as  | a corporate suffix                      | by a nonprofit cor                    | poration.)             | 4,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
|  |  |   |                                       |                        |   |
| (If name unavailab)                          | le in Florida, enter alternate corporate name  | adopted for the p                       | urpose of transacti                   | ng business in Flori   | da)                                     |
| 2. CA  | 3  |   |                                       |                        | •                                       |
| (State or country i                          | 3. under the law of which it is incorporated)  | (F.                                     | El number, if appl                    | icable)                |   |
| 4 06/16/2003                                 | of Incorporation) 5.   | Perperual                               |                                       |                        |   |
| (Date o                                      | of Incorporation)  | (Duration; Year                         | r corp. will cease to                 | o exist or "perpetua   | (")                                     |
| 6 2/1/2016                                   |  |   |                                       |                        |   |
| (Date first conducted                        | affairs in Florida if prior to registration. See   | sections 617,1501                       | & 617.1502, F.S. I                    | o determine penalty    | liohilisy. s                            |
| 7 360 22nd Street Su                         | ite 220 Oakland CA 94612   |   |                                       |                        |   |
| · ·  | ite 220 Oakland CA 94612 (Principal o  | ffice address)                          |                                       |                        | <del></del>                             |
|  | ite 304 Portland ME 04101  |   |                                       | and d                  |   |
|  |  | nailing address)                        | <del></del>                           |                        | <del></del>                             |
|  | ,  |   |                                       |                        |   |
| Reconitment and ols                          | accment of fellows into management roles   | within the tocal sc                     | hool system                           |                        | en traditionals                         |
| (Purposets) of corne                         | oration authorized in home state or country  | to be carried out in                    | the state of Florid                   | Table 6.3              | 7                                       |
| ( <b>,</b>                                   | ,  |   |                                       |                        | ["T]                                    |
| . Name and street a                          | ddress of Florida registered agent: (P.C   | ). Box <u>NOT</u> acc                   | epuble)                               | OF CIFIE               |   |
|  |  |   |                                       | 2.2 co                 | *************************************** |
| Name:  | C T Corporation System   | <del></del>                             |                                       | हिंस ज                 |   |
|  | 1200 South Pine Island Road  |   |                                       | λ. ω                   |   |
| Office Address:                              | 1200 South Pine Island Road  | <del></del>                             |                                       |                        |   |
|  | Plantation   | , Florida                               | 33324                                 |                        |   |
|  | (City)   |   | (Zip C                                | ode)                   |   |
|  |  |   |                                       |                        |   |
| 10. Registered age                           | nt's acceptance:<br>' as registered agent and to accept serv   | sice of process fr                      | or the above stat                     | ed cornoration at      | the place                               |
| lesignated in this ar                        | mlication. I hereby accept the appoint   | ment as register                        | ed agent and ag                       | ree to act in this c   | capacity - 1                            |
| further agree to con<br>luties, and I am fan | iply with the provisions of all statutes with and accept the obligations   | relutive to the py<br>of my position a: | roper and compl<br>s revistered aver  | lete performunce<br>et | of my                                   |
|  |  | a maramir m                             | · · · · · · · · · · · · · · · · · · · |                        |   |
|  |  |   |                                       |                        |   |
|  | CT Corporation System  | ∞ -Daniie                               | ala Rvers-2                           | Asst. Secre            | tarv                                    |
| Ву:  |  | ngent's signature)                      |                                       |                        | cary                                    |
|  | (icegistered t   | igent'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.

11027 - 06 17/2014 Woter's Klower Online

#### 12. Names and addresses of officers and/or directors

| A. DIRECTORS  | •  |
|---|--|
| See attached<br>Chairman:                             |  |
| Address:  |  |
|   |  |
| Vice Chairman;  |  |
| Address:  |  |
|   |  |
| Director:   |  |
| Address:  |  |
|   |  |
| Director  |  |
| Address:  |  |
|   |  |
| B. OFFICERS See Attached                              | 7 21 21 21 21 21 21 21 21 21 21 21 21 21   |
|   |  |
| Address:  | <u> </u>   |
| 16 or Thomas design                                   | 100  |
| Vice President: Address:                              | (7.2) (0.2) (0.2)  |
|   | The City of the Ci |
| Secretary:  |  |
| Address:  |  |
|   |  |
| Address:  |  |
|   | Cont. Cation additional attraction of the Contract   |
| NOTE: If necessary, you may attach an addendum to the |  |
| (Signature of Chairman, Vice Chairman, or an          | y officer listed in number 12 of the application)  |
| 14. Deanns Harnett                                    | icity of person signing application)   |

WE AFTE

**EDUCATION PIONEERS** 

Education Pioneers, Inc. Officers and Directors

| Title              | Name                | Address  |
|--------------------|---------------------|--|
| CEO                | Robert Morgan       | 360 22nd Street, Suite 220 - Oakland CA 94612  |
| President          | Frances McLaughlin  | 76 Canal Street, Suite 200 - Boston MA 02114   |
| CFO                | Deanna Harnett      | 386 Fore Street, Suite 304 - Portland ME 04101 |
| <b>Board Chair</b> | Gale Mondry         | 360 22nd Street, Suite 220 - Oakland CA 94612  |
| Treasurer          | Jeff Kang           | 360 22nd Street, Suite 220 - Oakland CA 94612  |
| Secretary          | Miguel Jimenez      | 360 22nd Street, Suite 220 - Oakland CA 94612  |
| Director           | Aimee Eubanks Davis | 360 22nd Street, Suite 220 - Oakland CA 94612  |
| Director           | Eileen Rudden       | 360 22nd Street, Suite 220 - Oakland CA 94612  |
| Director           | Josh Rubenstein     | 360 22nd Street, Suite 220 - Oakland CA 94612  |
| Director           | Meghvi Roig         | 360 22nd Street, Suite 220 - Oakland CA 94612  |
| Director           | Mike Fox            | 360 22nd Street, Suite 220 - Oakland CA 94612  |
| Director           | Paul Sherer         | 360 22nd Street, Suite 220 - Oakland CA 94612  |
| Director           | Sam Schwartz        | 360 22nd Street, Suite 220 - Oakland CA 94612  |
| Director           | Tom Bradshaw        | 360 22nd Street, Suite 220 - Oakland CA 94612  |
| Director           | Tom Volpe           | 360 22nd Street, Suite 220 - Oakland CA 94612  |



## State of California Secretary of State

CERTIFICATE OF STATUS

#### ENTITY NAME:

EDUCATION PIONEERS, INC.

FILE NUMBER:

C2539753

FORMATION DATE:

06/16/2003

ጥላኮድ •

. . . 3

DOMESTIC NONPROFIT CORPORATION

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, 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 January 13, 2016.

ALEX PADILLA Secretary of State