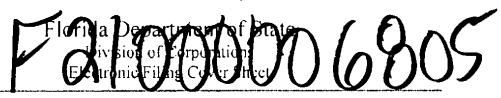
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Division of Corporations



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.

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To:

Division of Corporations

Page: 3 of 8

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338 Phone Fax Number : (954)208-0845

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

Email Address:\_

#### FOREIGN PROFIT/NONPROFIT CORPORATION

Zearn

#### Certificate of Status 0 Certified Copy 05 Page Count \$78.75 Estimated Charge

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# 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:

D. I		orate name adopted for the purpose of transacting b	ousiness in Flo	orida)	
Delaware		3. 37-1665745 (FEI number, if applicab	_		
(State or country	under the law of which it is inco	rporated) (FEI number, if applicab	le)		
01/17/2014 (Date	of Incorporation)	5 (Date of duration, if other the	in perpetual)		
(Date first conducto	ed affairs in Florida if prior to regis	aration. See sections 617, 1501 & 617, 1502, F.S. to dec	termine penalt	v liabili	iţv.)
261 W 35th St Fl	15, New York, NY - 10001-1902	Email: polina@zeam.org			
	(Pri	incipal office street address)			
			≯s	20	
	(Curre	nt mailing address, if different)	<del></del>	odi dec -	
				Œ	
PLEASE SEE AT	TACHED	or country to be carried out in the state of Florida)	भारतीय स्मितिक	ì	-
(Purpose(s) of cor	poration authorized in home state	or country to be carried out in the state of Florida)	194	_	
Name and street	address of Florida registered a	agent: (P.O. Box <u>NOT</u> acceptable)	75 B	PM 2: 5;	
Name: C	T Corporation System			52	
fice Address: <u>12</u>	200 South Pine Island Road			٠.	
Pl	antation	Florida 33324 (Zip Code)			
_	(City)	(Zip Code)	<del></del>		

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.

To: +18506176383

12. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTOR	s				
⊠ Chairman	Name: Norman Aikins	□Chairman	Name: Shalinee Sharma		
∐Vice Chairman	Address: 261 W 35th St, 15 FL	□ Vice Chairman	Address: 261 W 35th St. 15 FL		
<b>N</b> Director	New York, NY 10001	<b>NDirector</b>	New York, NY 10001		
□President		$\Sigma$ President			
□Vice President		□Vice President			
☐ Secretary	□Treasurer	□Secretary	□Treasurer		
□Other:	Other:	COther:	Other:		
□ Chairman	Name: Dave Levin	□Chairman	Name: John Bailey		
□Vice Chairman	Address: 261 W 35th St 15 FL	□Vice Chairman	Address: 261 W 35th St. 15 FL		
\( \text{Director} \)	New York, NY 10001	<b>MDirector</b>	New York, NY 10001		
□President		<b>TiPresident</b>			
☐ Vice President		IIVice President			
☑ Secretary	<b>∑</b> l Treasurer	□Secretary	□Treasurer		
□Other:	Other:	□Other:	□Other:		
□ Chairman	Name: Andy Cook	□Chairman	Name: Aimee Eubanks		
□Vice Chairman	Address: <u>261 W 35th St. 15 FL</u>	∃Vice Chairman	Address: 261 W 35th St. 15 FL		
☑Director	New York, NY 10001	∆Director	New York, NY 10001		
.TPresident		TiPresident			
_IVice President		El Vice President			
☐Secretary	□Treasurer	□Secretary	□Treasurer		
□Other:	□ Other:	□ 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)  Shalinee Sharma, President and CEO					

(Typed or printed name and capacity of person signing application)

#### **ZEARN**

#### Management Structure

Greg Gunn	Director	261 W 35th St, 15 FL, New York, NY 10001
Larry Robbins	Director	261 W 35th St, 15 FL, New York, NY 10001
David Saltzman	Director	261 W 35th St, 15 FL, New York, NY 10001
Shruti Sehra	Director	261 W 35th St, 15 FL, New York, NY 10001
Judy Wurtzel	Director	261 W 35th St, 15 FL, New York, NY 10001
Jeff Livingston	Director	261 W 35th St, 15 FL, New York, NY 10001

#### ZEARN

### Section 8 – Business Purpose

Zearn is an education technology non-profit that offers math curriculum to students and teachers. To further support our nonprofit mission of making math accessible to all, we also offer paid products specifically targeted to schools and districts.



November 29, 2021

Zeam, Inc. document number: N18000002397, is owned by the same entity that is attempting to qualify in FL. We give consent to the new entity to use this name.

## Shalinee Sharma

Shalinee Sharma CEO

Signature: Shalinee Sharma

Email: shalinee@zearn.org

SECRETARY OF STATE

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Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ZEARN" IS DULY INCORPORATED UNDER THE

LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A

LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE

SHOW, AS OF THE NINTH DAY OF NOVEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CORPORATION IS AN EXEMPT CORPORATION.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

e at corp. de laware, goy/auti

Authentication: 204646404

Date: 11-09-21