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STATE OF MISSISSIPPI

D. SCOTT
SEP 1 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The MAVEN Project
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:

Laurie Green, MD
Name of Person
The MAVEN Project
Firm/Company
PO Box 156781
Address
San Francisco, CA 94115
City/State and Zip Code
lgreen@mavenproject.org
E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Lisa Carron Shmerling at (617) 641-9743 x 700
Name of Person Area Code Daytime Telephone Number

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

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- \$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. The MAVEN Project Corporation
(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.)
The MAVEN Project Inc.
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. California 3. 46-5370676
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 04/01/2014 5. NA
(Date of Incorporation) (Date of duration, if other than perpetual)

6. Awarded 2 grants August 2017 totaling \$40k of which \$27k to be provided to FL Free Clinics for medical access pilots
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 3838 California Street, Suite 316 San Francisco, CA 94118
(Principal office address)

PO Box 156781 San Francisco, CA 94115
(Current mailing address, if different)

8. For charitable purposes: to promote access to healthcare to underserved populations
(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: CT Corporation System

Office Address: 1200 South Pine Island Road, Broward County

Plantation, Florida 33324
(City) (Zip Code)

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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.

C/O CT Corporation System

Jenifer Vincent Jenifer Vincent, Assistant Secretary
(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. Names and addresses of officers and/or directors

A. DIRECTORS

Chairman: Laurie Green, MD
Address: 3838 California Street, Suite 316
San Francisco, CA 94118

Vice Chairman: None
Address:

Director: Lisa Carron Shmerling
Address: 16 Hancock Ave
Newton, MA 02459

Director: Jay Gellert
Address: 21650 Oxnard, 22nd Floor
Woodland Hills, CA 91367

B. OFFICERS

President: Laurie Green, MD
Address: 3838 California Street, Suite 316
San Francisco, CA 94118

Vice President: None
Address:

Secretary: Lisa Carron Shmerling
Address: 16 Hancock Ave Newton, MA 02459

Treasurer: Kelly Sudderth
Address: 3838 California Street, Suite 316 San Francisco, CA 94118

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. S
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Laurie Green, MD President
(Typed or printed name and capacity of person signing application)

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State of California
Secretary of State

CERTIFICATE OF STATUS

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ENTITY NAME:

THE MAVEN PROJECT

FILE NUMBER: C3661865
FORMATION DATE: 04/01/2014
TYPE: 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 June 21, 2017.

ALEX PADILLA
Secretary of State