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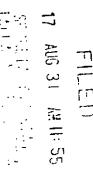
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D. SCOTT SEP 1 2017

#### **COVER LETTER**

	stration S sion of C	Section Corporations			
SUBJECT:		-			
JOBSECT.		Name of Corp	oration – must	include suffix	·
Dear Sir or M	ladam:				
Affairs in Flo	rīda", "C	ation by Foreign Not for entificate of Existence", renced not for profit con	or "Certificate	of Status" and ch	eck are submitted to
Please return	all corre	spondence concerning th	is matter to the	following:	
	Laurie	Green, MD			
		Na	me of Person	<del></del>	
	The Ma	AVEN Project			
		Fi	rm/Company	<del></del>	
	PO Bos	c 156781			100
			<u> </u>		—— · · · · · · · · · · · · · · · · · ·
		<u></u>			ω. ω <u>Γ</u>
			Address		
	San Fra	ncisco, CA 94115			
		City/\$ta	ate and Zip Co	de	
	lgreen@	mavenproject.org			, <b>,</b>
	E-r	nail address: (to be used	for future annu	al report notificat	tion)
For further info	ormation	concerning this matter,	please call:		
Lisa Carron Sh	merling		617 at (	641-9743 x 700	
	Name	of Person	Area Code	Daytime Tele	phone Number
Registi Divisio P.O. B	ration Se	rporations		STREET/COI Registration Se Division of Co Clifton Buildin 2661 Executive Tallahassee, FL	rporations g : Center Circle
Enclosed is a c	heck for	the following amount:			
□ \$70.00 Filin	ng Fee	□\$78.75 Filing Fee & Certificate of Statu		Filing Fee & ied Copy	S87.50 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:

(Name of corn	N Project Corporation  oration: must include the word "INCORPORATE  uage as will clearly indicate that it is a companion	D" or "CORPORATION" or words or abbrev	iations of like
in the name at	uage as will clearly indicate that it is a corporation present. "Company" or "Co." may not be used as	1 instead of a natural person or partnership if n a corporate suffix by a nonprofit corporation.)	ot so contained
The MAVEN	Project Inc.		
(If name unav	vailable in Florida, enter alternate corporate name	adopted for the purpose of transacting business	ss in Florida)
2. California	3. untry under the law of which it is incorporated)	46-5370676	
(State or cou	antry under the law of which it is incorporated)	(FEI number, if applicable)	<del></del>
4. 04/01/2014	Date of Incorporation) 5.	NA	
(	Date of Incorporation)	(Date of duration, if other than per	petual)
6. Awarded 2 g	rants August 2017 totaling \$40k of which \$27k to	be provided to FL Free Clinies for medical a	ccess pilots
(Date first cond	rants August 2017 totaling \$40k of which \$27k to ducted affairs in Florida if prior to registration. See a	sections 617.1501 & 617.1502, F.S. to determin	e penalty liability.)
7. 3838 Californ	ia Street, Suite 316 San Francisco, CA 94118	В	
	(Principal of	Nice address)	
PO Box 15678	81 San Francisco, CA 94115		
	(Current mailing a	ddress, if different)	<del></del>
8. For charitable	purposes: to promote access to healthcare to unde corporation authorized in home state or country to	crserved populations	
(Purpose(s) of	corporation authorized in home state or country to	o be carried out in the state of Florida)	
9. Name and str	reet address of Florida registered agent: (P.O.	. Box <u>NOT</u> acceptable)	
Name:	CT Corporation System		ភ្លេច 🛋
Office Address:	1200 South Pine Island Road, Broward County	<del></del>	· · · · ·
Time / tadiess.	Plantation (City)	22224	5 -
	(Cite)	, Florida 33324	- · · · · · · · · · · · · · · · · · · ·
	(city)	(Zip Code)	
Having been na designated in the further name to	I agent's acceptance: nmed as registered agent and to accept servic nis application, I hereby accept the appointn o comply with the provisions of all statutes re a familiar with and accept the obligations of	ieni as regisierea agent and agree to act	ation at the place in this capacity of mance of my
	C/O C T Corporation System		
	Janifar Vincant (Registered ag	Jenifer Vincent, Assistant Sent's signature)	ecretary
····· • • • partiti	a certificate of existence duly authenticated, tent of State, by the Secretary of State or othe under the law of which it is incomporated	not more than 90 days prior to delivery of	C.1

jurisdiction under the law of which it is incorporated.

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

A. DIRECTORS	
Laurie Green, MD Chairman:	
3838 California Street, Sulte 316 Address:	
San Francisco, CA 94118	
None Vice Chairman:	
Address:	<del></del>
Lisa Carron Shmerling Director:	
16 Hancock Ave Address:	
Newton, MA 02459	
Jay Gellert Director:	
21650 Oxnard, 22nd Floor Address:	
Woodland Hills, CA 91367	
B. OFFICERS	<del>-</del>
President:	<del></del>
3838 Celifornia Street, Suite 316 Address:	
San Francisco, CA 94118	<u></u>
Vice President:	
Address:	
Lisa Carron Shmerling Secretary:	= 0
16 Hancock Ave Newton, MA 02459 Address:	- J
Kelly Sudderth	
3838 California Street, Suite 316 San Francisco, CA 94118 Address:	
NOTE: If necessary, you may attach an addendum to the application listing additional officer.    13.	
Laurie Green, MD President	<del></del>
(Typed or printed name and capacity of person signing application	1

## State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

THE MAVEN PROJECT

FILE NUMBER:

C3661865

FORMATION DATE:

04/01/2014

TYPE:

DOMESTIC NONPROFIT CORPORATION

JURISDICTION:

CALIFORNIA

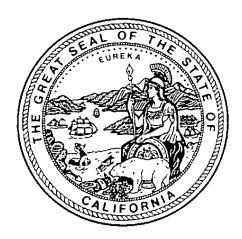
STATUS:

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