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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

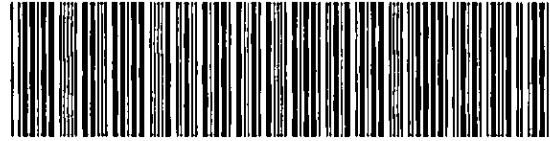
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

M. MILLIGAN

MAR 07 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GREEN SCHOOLS NATIONAL NETWORK, INC
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:

JENNIFER SEYDEL

Name of Person

GREEN SCHOOLS NATIONAL NETWORK

Firm/Company

109 PINE VIEW DR

Address

MADISON, WI 53704-7686

City/State and Zip Code

jseydel@greenschoolsnationalnetwork.org

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARK HEININGER

at (816)

520-5576

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:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- \$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. GREEN SCHOOLS NATIONAL NETWORK, INC.
(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.)

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. WISCONSIN 3. 33-1191456
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. NOV. 13, 2007 5. _____
(Date of Incorporation) (Date of duration, if other than perpetual)

6. FEBRUARY 1, 2019
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 109 PINE VIEW DR. MADISON, WI 53704-7686
(Principal office street address)

PO BOX 14744 MADISON, WI 53708
(Current mailing address, if different)

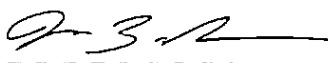
8. EDUCATIONAL SERVICES
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: JOHN BREAZEALE
Office Address: 711 FOREST CLUB DR 3106
WELLINGTON, Florida 33414
(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.


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

A. DIRECTORS

Chairman Name: BRIDGETTE ALOMES
 Vice Chairman Address: 109 PINE VIEW DR
 Director MADISON, WI 53704
 President _____
 Vice President _____
 Secretary Treasurer
 Other: _____ Other: _____

Chairman Name: ROBERT MOJE
 Vice Chairman Address: 109 PINE VIEW DR
 Director MADISON, WI 53704
 President _____
 Vice President _____
 Secretary Treasurer
 Other: _____ Other: _____

Chairman Name: ERIN GREEN
 Vice Chairman Address: 109 PINE VIEW DR
 Director MADISON, WI 53704
 President _____
 Vice President _____
 Secretary Treasurer
 Other: _____ Other: _____

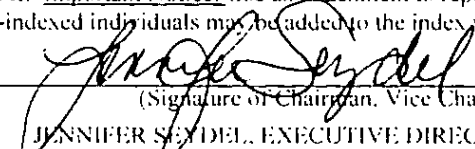
Chairman Name: JENNIFER SEYDEL
 Vice Chairman Address: 109 PINE VIEW DR
 Director MADISON, WI 53704
 President _____
 Vice President _____
 Secretary Treasurer
 Other: EXEC DIRECTO Other: _____

Chairman Name: ALISON SUFFET-DIAZ
 Vice Chairman Address: 109 PINE VIEW DR
 Director MADISON, WI 53704
 President _____
 Vice President _____
 Secretary Treasurer
 Other: _____ Other: _____

Chairman Name: AL STENSURUP
 Vice Chairman Address: 109 PINE VIEW DR
 Director MADISON, WI 53704
 President _____
 Vice President _____
 Secretary Treasurer
 Other: _____ Other: _____

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 ALI AHASSEF, CLERK

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)

14. JENNIFER SEYDEL, EXECUTIVE DIRECTOR, BOARD OF DIRECTORS
 (Typed or printed name and capacity of person signing application)

United States of America
State of Wisconsin

DEPARTMENT OF FINANCIAL INSTITUTIONS

Division of Corporate & Consumer Services



To All to Whom These Presents Shall Come, Greeting:

I, Mary Ann McCoshen, Administrator of the Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

GREEN SCHOOLS NATIONAL NETWORK, INC.

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is November 13, 2007.

I further certify that said corporation or limited liability company has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921, 181.1622 or 183.0120 Wis. Stats., and that it has not filed articles of dissolution.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on February 13, 2019.

A handwritten signature in black ink that reads "Mary Ann McCoshen".

MARY ANN MCCOSHEN, Administrator
Division of Corporate and Consumer Services
Department of Financial Institutions

DFI/Corp/33

To validate the authenticity of this certificate

Visit this web address: <http://www.wdfi.org/apps/ccs/verify/>

Enter this code: 238377-CD4C408F