F23000006591

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
W23000 154 738			

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RECEIVED

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 11/13/2023			**WALK IN**
ENTITY NAME THRIVE	SCHOLARS		
DOCUMENT NUMBER_			
	PLEASE FILE TI	HE ATTACHED AND RETURN	
xxxxxxx	Plain Copy		
	Certified Copy Certificate of Status		
**/ 	PLEASE OBTAIN THE P Certified Copy of Art Certificate of Good St		
	APOSTILLE'/	NOTARIAL CERTIFICATION	
COUNTRY OF DESTINAT NUMBER OF CERTIFICA			_
TOTAL OWED \$??		ACCOUNT #: 1201600000)72
Please call Tina at th	he above number for	any issues or concerns. Thank you	so much!



November 14, 2023

SUNSHINE STATE CORPORATE COMPLIANCE COMPANY

SUBJECT: THRIVE SCHOLARS Ref. Number: W23000154738 CORRECTED
Please Allow For
Same File Date

We have received your document for THRIVE SCHOLARS and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Andrea Andrews
Regulatory Specialist II

Letter Number: 923A00026405



DO TO DO DOY 0007 Well-bases Florida 9991

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: THRIVE SCHOLARS	
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:	
P Bryson	
Name of Person	
Harbor Compliance	
Firm/Company	
1830 Colonial Village Lane	
Address	
Lancaster, PA 17601	
City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
D.D.m.com 717 046 0467	
P Bryson at (717) 946-9467 Name of Person Daytime Telephone Number	
Mailing Address: Registration Section Street Address: Registration Section	
Division of Corporations Division of Corporations	
P.O. Box 6327 The Centre of Tallahassee	
Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
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 & □ \$78.75 Filing Fee. □ \$87.50 Filing Fee.	
Certificate of Status Certified Copy Certificate of Status &	

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:

L THRIVE S	SCHOLARS	
(Name of corpo import in langua in the name at p	ration; must include the word "INCORPORATED" or "CORPORATION age as will clearly indicate that it is a corporation instead of a natural present. "Company" or "Co." may not be used as a corporate suffix by a	ON" or words or abbreviations of like erson or partnership if not so contained inopprofit corporation.)
THRIVE SO	CHOLARS INC.	
(If name unava	nilable in Florida, enter alternate corporate name adopted for the purpo	se of transacting business in Florida)
2. California	3, 45-5619310 (FEI no	
	(1.1. in	imber, if applicable)
1. <u>06/19/201</u>	25. (Date of du	The state of the s
		ration, if other than perpetuary
_{5.} 04/01/202	23	
	ucted affairs in Florida if prior to registration. See sections 617.1501 & 6.	17.1502, F.S. to determine penalty hability.)
_{7.} 75 Federa	Il St, Ste 1250, Boston, MA 02110	
	(Principal office street address)	
		.
	(Current mailing address, if different)	·-•
Thrive Scho	lars is organized exclusively for charitable, religious, educa	ational, and scientific purposes.
Purpose(s) of a	corporation authorized in home state or country to be carried out in the	state of Florida)
). Name and <u>str</u>	ect address of Florida registered agent: (P.O. Box NOT acceptal	ole)
	Registered Agents Inc	
Office Address:	7901 4th St N STE 300	
	St. Petersburg . Florida 33702	
	(City)	(Zip Code)
Having been na lesignated in th further agree to	l agent's acceptance; amed as registered agent and to accept service of process for the application. I hereby accept the appointment as registered a comply with the provisions of all statutes relative to the properar with and accept the obligations of my position as registered.	gent and agree to act in this capacity. It is and complete performance of my duti
	David Recots	·
	(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]:

v

A. DIRECTOR	RS NA - Atom to a local		Dat Kish.
□Chairman	Name: Martin Jacobs	□Chairman	Name: Pat Kirby
□Vice Chairman	Address: 75 Federal St	≰ Vice Chairman	Address: 75 Federal St
Z Director	Ste 1250	□ Director	Ste 1250
☑ President	Boston, MA 02110	□President	Boston, MA 02110
□Vice President		□Vice President	
☐Secretary	□Treasurer	☐ Secretary	⊕Treasurer
□Other:	Other:	Other:	□ Other:
□Chairman	Name: Callum Henderson	□Chairman	Name: Bob Funari
□Vice Chairman	Address: 75 Federal St	□Vice Chairman	75 Federal St
☑ Director	Ste 1250	5 Director	Ste 1250
□President	Boston, MA 02110	□President	Boston, MA 02110
□Vice President		□Vice President	
☐ Secretary	 ∕ ETreasurer	□Secretary	□Treasurer
□Other:		□Other:	
☐ Chairman	Russell Stein	□Chairman	Name: Brian Lenihan
□Vice Chairman	75 Federal St	□Vice Chairman	75 Federal St
□Director	Ste 1250	_ ⊈ Director	Ste 1250
□President	Boston, MA 02110	□President	Boston, MA 02110
□Vice President		□Vice President	
∑ Secretary	□Treasurer	☐Secretary	□Treasurer
□Other:	Other:	□Other:	
Non-indexed indi-	nt Notice: Use an attachment to report more that viduals may be added to the index when filing Acobs (Signature of Chairman, Vice Chairman, or an	your Florida Department o	of State Annual Report form.
	acobs, Presiďent		
	(Typed or printed name and capacity	of person signing applicat	ion)

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

THRIVE SCHOLARS

Item 12 - Additional Directors

Name	Address
Callum Henderson	75 Federal St, Ste 1250, Boston, MA 02110
Evelyn Hou	75 Federal St. Ste 1250. Boston, MA 02110
James London	75 Federal St, Ste 1250, Boston, MA 02110
Jessica Perez	75 Federal St, Ste 1250, Boston, MA 02110
Joan Herman	75 Federal St, Ste 1250, Boston, MA 02110
Martin Jacobs	75 Federal St. Ste 1250, Boston, MA 02110
Patricia London	75 Federal St. Ste 1250, Boston, MA 02110
Pedro Gomez	75 Federal St. Ste 1250, Boston, MA 02110
Renita Smith	75 Federal St, Ste 1250, Boston, MA 02110
Rick Hess	75 Federal St, Ste 1250, Boston, MA 02110
Russell Stein	75 Federal St, Ste 1250, Boston, MA 02110
Sean Logan	75 Federal St, Ste 1250, Boston, MA 02110
Tiffanie Boyd	75 Federal St, Ste 1250, Boston, MA 02110
Vanessa Gonzalez Lopez	75 Federal St, Ste 1250, Boston, MA 02110





I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name: THRIVE SCHOLARS

Entity No.: 3485531 **Registration Date:** 06/19/2012

Entity Type: Nonprofit Corporation - CA - Public Benefit

Formed In: CALIFORNIA

Status: Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, 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 November 06, 2023.

SHIRLEY N. WEBER, PH.D.

Secretary of State

Certificate No.: 157068022

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at **biz**fileOnline.sos.ca.gov.