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2015 SEP 17 P 12:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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S MASON

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** The Algebra Project, 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:

Benjamin Moynihan

Name of Person

The Algebra Project, Inc.

Firm/Company

99 Bishop Richard Allen Drive

Address

Cambridge, MA 02139

City/State and Zip Code

ben@algebra.org

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

For further information concerning this matter, please call:

Benjamin Moynihan

617

491-0200

Name of Person

at ( )  
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:

The Algebra Project, Incorporated

1. \_\_\_\_\_  
(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. \_\_\_\_\_ 3. \_\_\_\_\_  
Massachusetts 22-3137788  
(State or country under the law of which it is incorporated) (FEI number, if applicable)  
4. \_\_\_\_\_ 5. \_\_\_\_\_  
October 30, 1991 08/04/2017  
(Date of Incorporation) (Date of duration, if other than perpetual)

6. \_\_\_\_\_  
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S., to determine penalty liability.)  
99 Bishop Richard Allen Drive, Cambridge, MA 02139

7. \_\_\_\_\_  
(Principal office address)

\_\_\_\_\_  
(Current mailing address, if different)

8. \_\_\_\_\_  
Math education curriculum for previously low performing students and professional development support for teachers  
(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)

Joan T Wynne  
Name: \_\_\_\_\_  
2951 Southwest 187 Terrace  
Office Address: \_\_\_\_\_  
Miramar 33029  
\_\_\_\_\_, Florida \_\_\_\_\_  
(City) (Zip Code)

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.

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

**A. DIRECTORS**

Please see attached listing

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**B. OFFICERS**

President: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_


Secretary: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

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

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

Khari J. Milner, Chairperson

14. \_\_\_\_\_  
(Typed or printed name and capacity of person signing application)

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TALLAHASSEE FLORIDA



William Francis Galvin  
Secretary of the  
Commonwealth

*The Commonwealth of Massachusetts*  
*Secretary of the Commonwealth*  
*State House, Boston, Massachusetts 02133*

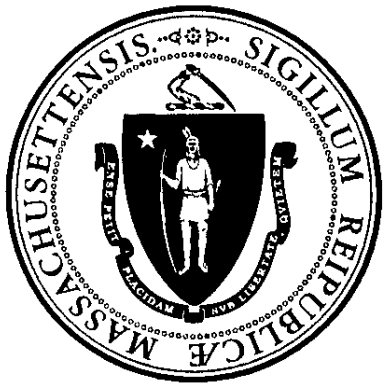
Date: September 11, 2015

To Whom It May Concern :

I hereby certify that according to the records of this office,  
**THE ALGEBRA PROJECT, INC.**

is a domestic corporation organized on **October 30, 1991**

I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 180 section 26 A, for revocation of the charter of said corporation; that the State Secretary has not received notice of dissolution of the corporation pursuant to Massachusetts General Laws, Chapter 180, Section 11, 11A, or 11B; that said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.



In testimony of which,  
I have hereunto affixed the  
Great Seal of the Commonwealth  
on the date first above written.

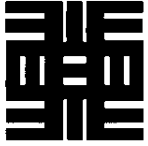
*William Francis Galvin*

Secretary of the Commonwealth

Certificate Number: 15095229710

Verify this Certificate at: <http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx>

Processed by: nmc



# THE ALGEBRA PROJECT

"Math literacy is the key to 21<sup>st</sup> century citizenship."

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SEP 17 P 2:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Robert Moses  
President & Founder

2015

## THE ALGEBRA PROJECT INC.

### BOARD OF DIRECTORS & NATIONAL OFFICE STAFF

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*Ex Officio:*

**DR. JAMES ANDERSON**  
**RUDY LOMBARD, PH.D.**  
**CEASAR MCDOWELL, ED.D.**  
**ALVIN POUSSAINT, M.D.**

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