

F1700000003S

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

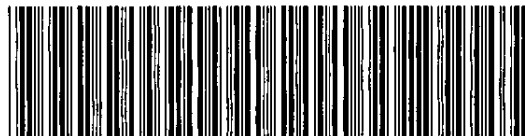
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W15-56056 no
suffix

Office Use Only



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2017 JAN -3 P 3:13
CLERK OF STATE
TAMPA, FLORIDA

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JAN 04 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 21, 2015

JACKLYN MULLIKIN
711 W. PICKARD STREET, SUITE M
MOUNT PLEASANT, MI 48858

SUBJECT: THE INSTITUTE FOR EXCELLENCE IN EDUCATION
Ref. Number: W15000056056

We have received your document for THE INSTITUTE FOR EXCELLENCE IN EDUCATION and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate suffix must be added to the corporate name throughout the application.

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.

Stacey M Mason
Regulatory Specialist II

Letter Number: 515A00017764

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Institute for Excellence in Education, 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:

Jacklyn Mullikin

Name of Person

The Institute for Excellence in Education

Firm/Company

711 W. Pickard St., Suite M

Address

Mt. Pleasant, MI 48858

City/State and Zip Code

JMullikin@excellenceined.org

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

For further information concerning this matter, please call:

Justyne Swiercinsky

Name of Person

at (989)

Area Code

317-3510

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 Institute for Excellence in Education, Inc.

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.)
The National Charter Schools Institute

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

2. 711 W. Pickard St. Suite M, Mt. Pleasant, MI 48858 3. 38-3635927
(State or country under the law of which it is incorporated) (FEI number, if applicable)
November 27, 2001
4. _____ 5. _____
(Date of Incorporation) (Date of duration, if other than perpetual)
N/A
6. _____
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)
711 W. Pickard St., Suite M, Mt. Pleasant, MI 48858
7. _____
(Principal office address)

(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: InCorp Services, Inc.
Office Address: 17888 67th Court North
Loxahatchee, Florida 33470
(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.

Wendy Hefley - OBO InCorp Services, Inc.
(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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12. Names and addresses of officers and/or directors

A. DIRECTORS

Chairman: W. Sidney Smith
108 S. University, Ste. 6
Address: Mt. Pleasant, MI 48858

Vice Chairman: Sharon Wise
12074 S. Elk Ridge Dr.
Address: Traverse City, MI 49684

Director: Gerald G. Pall
11799 Silverado Dr.
Address: Fishers, IN 46037

Director: Richard F. Bergman
12889 Dehman Lane
Address: Charlevoix, MI 49720

B. OFFICERS

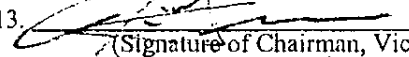
President: James Goenner
711 W. Pickard St. Suite M
Address: Mt. Pleasant, MI 48858

Vice President:
Address:

Secretary: Jill Urban
711 W. Pickard St. Suite M., Mt. Pleasant, MI 48858
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)

14. James Goenner *president + CEO*
(Typed or printed name and capacity of person signing application)

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CLERK OF STATE
TAMM HALL
MONTGOMERY, ALABAMA



NATIONAL CHARTER SCHOOLS
INSTITUTE
EXPERIENCE • INNOVATION • RESULTS

Board of Directors

W. Sidney Smith

Chairman of the Board
108 S. University, Ste. 6
Mt. Pleasant, MI 48858

Gerald G. Pall

Treasurer
11799 Silverado Dr.
Fishers, IN 46037

Carmen A. N'Namdi

Director
20755 Greenfield Rd, Ste. 908
Southfield, MI 48075

Kathleen M. Wilbur

Director
Central Michigan University
Bovee University Center 306
Mt. Pleasant, MI 48859

Sheree Speakman

Director
1519 Oakwood Ave.
Highland Park, IL 60035

Sharon Wise

Vice Chairman of the Board
12074 S. Elk Ridge Dr.
Traverse City, MI 49684

Richard F. Bergmann

Director
12889 Dehman Lane
Charlevoix, MI 49720

James Barrett

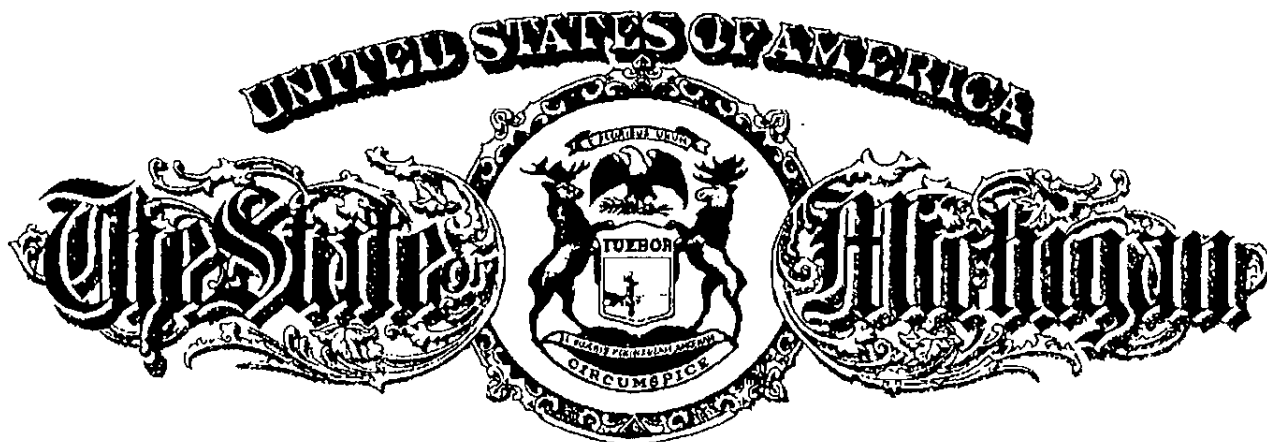
Director
8601 Lakeshore
Perry, MI 48872

Dr. George E. Ross

Director
Central Michigan University
Office of the President
Warriner Hall 106
Mt. Pleasant, MI 48859

2011 JAN - 3 P 3 13
SECRETARY OF STATE
TAMMIEE FLORIDA

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Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

THE INSTITUTE FOR EXCELLENCE IN EDUCATION

was validly incorporated on November 27, 2001, as a Michigan nonprofit corporation, and said corporation is validly in existence under the laws of this state.

This certificate is issued pursuant to the provisions of 1982 PA 162, as amended, to attest to the fact that the corporation is in good standing in Michigan as of this date and is duly authorized to conduct affairs in Michigan and for no other purpose.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 14th day of December, 2016.

Julia Dale

Julia Dale, Director

Corporations, Securities & Commercial Licensing Bureau