

F15000002786

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

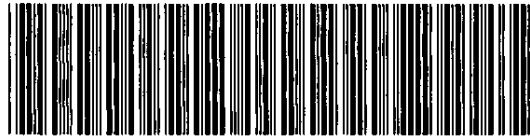
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2015 JUN 24 PM 1:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 24 2015

Y SULKER

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Operation Pathways, 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:

Maureen Hawkins

Name of Person

The NHP Foundation

Firm/Company

1090 Vermont Avenue, NW

Suite 400

Address

Washington, DC 20005

City/State and Zip Code

mhawkins@nhpfoundation.org

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

For further information concerning this matter, please call:

Maureen Hawkins

Name of Person

at (202) 312-2505

Area Code & Daytime Telephone Number

MAILING ADDRESS:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

New Filing 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:

1. Operation Pathways, 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. District of Columbia 3. 47-2897977
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. January 9, 2015 5. Perpetual
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 122 East 42nd Street, Suite 3500, New York, NY 10168
(Principal office address)

1090 Vermont Avenue, NW, Suite 400, Washington, DC 20005
(Current mailing address)

8. Operation Pathways, Inc. provides access to a wide variety of educational, health and enrichment programming to low to moderate income families and seniors residing in affordable housing communities.
(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: National Corporate Research, Ltd.

Office Address: 155 Office Plaza Drive

Tallahassee, Florida 32301
(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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2015 JUN 24 PM 1:11
DEPT. OF STATE
TALLAHASSEE, FLORIDA

12. Names and addresses of officers and/or directors

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Kenneth D. White

Address: 1090 Vermont Avenue, NW, Suite 400

Washington, DC 20005

Director: _____

Address: _____

B. OFFICERS

President: Richard F. Burns

Address: 122 East 42nd Street, Suite 3500, New York, NY 10168

Vice President: Joseph P. Wiedorfer

Address: 1090 Vermont Avenue, NW, Suite 400, Washington, DC 20005

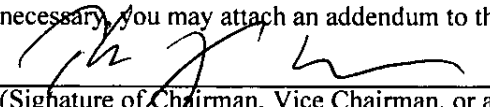
Secretary: Thomas G. Vaccaro

Address: 1090 Vermont Avenue, NW, Suite 400, Washington, DC 20005

Treasurer: Gary J. Parkinson

Address: 122 East 42nd Street, Suite 3500, New York, NY 10168

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. THOMAS G. VACCARO, SECRETARY
(Typed or printed name and capacity of person signing application)

FILED
2015 JAN 24 PM 11 11
CLERK OF SUPERIOR COURT
JULIA HARRIS, CLERK

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS
CORPORATIONS DIVISION



C E R T I F I C A T E

THIS IS TO CERTIFY that all applicable provisions of the District of Columbia Business Organizations Code (Title 29) have been complied with and accordingly, this ***CERTIFICATE OF GOOD STANDING*** is hereby issued to

Operation Pathways, Inc.

WE FURTHER CERTIFY that the domestic filing entity is formed under the law of the District on 1/9/2015; that all fees, and penalties owed to the District for entity filings collected through the Mayor have been paid and Payment is reflected in the records of the Mayor; The entity's most recent biennial report required by § 29-102.11 has been delivered for filing to the Mayor; and the entity has not been dissolved. This office does not have any information about the entity's business practices and financial standing and this certificate shall not be construed as the entity's endorsement.

IN TESTIMONY WHEREOF I have hereunto set my hand and caused the seal of this office to be affixed as of 6/11/2015 2:09 PM

Business and Professional Licensing Administration



A handwritten signature in cursive script, reading "Patricia E. Grays".

PATRICIA E. GRAYS
Superintendent of Corporations
Corporations Division

Muriel Bowser
Mayor

Tracking #: 4uquA8lz