

F15000004504

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

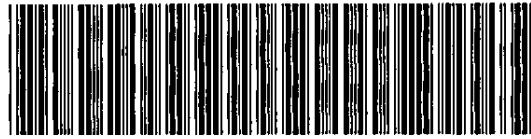
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2015 OCT -9 AM 11:39

FILED



Academy of Whole Learning

9400 Cedar Lake Road, Suite 7
St. Louis Park, MN 55426

"The Exceptional School for Exceptional Learners"

Phone (952) 737-6900
Fax (952) 737-6901

October 5, 2015

Florida Department of State
Registration Section
Division of Corporations

To Whom It May Concern;

We would like to register our school as a Florida Corporation because our Director of Advancement has moved to Florida and will be working remotely.

We are unable to provide an original of our certificate of Incorporation because Minnesota does not provide originals. I have included a snapshot of the FAQ site on the Minnesota Secretary of State's website regarding obtaining an original Certificate of Incorporation where they say they only give out copies.

I ordered a Certificate of Incorporation so that it would have a date within 90 days of this application. Please let me know if there is anything else you will need.

Thank you very much for your assistance,

Wyayn Rasmussen
Head of School
Academy of Whole Learning

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Whole Learning School Corporation
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:

Wyayn Rasmussen

Name of Person

The Whole Learning School Corporation

Firm/Company

9400 Cedar Lake Road, Suite #7

Address

St. Louis Park, MN 55426

City/State and Zip Code

wyayn.rasmussen@aowl.org

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

For further information concerning this matter, please call:

Wyayn Rasmussen

Name of Person

at (952)
Area Code

737-6900

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 Whole Learning School Corporation

1. Academy of Whole Learning Corporation
(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. Minnesota 3. 16-1671503
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 06/05/2003 5. _____
(Date of Incorporation) (Date of duration, if other than perpetual)

6. 08/20/2015
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 9400 Cedar Lake Road, St. Louis Park, MN 55426
(Principal office address)

9400 Cedar Lake Road, Suite #7, St. Louis Park, MN 55426
(Current mailing address, if different)

8. K-12 School for students with autism spectrum disorder or related learning differences
(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: Lindsey Brandt

Office Address: 1511 NE 59th Court
Fort Lauderdale, Florida 33334
(City) (Zip Code)

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TALLAHASSEE, FLORIDA

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.

Lindsey Brandt
(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. Names and addresses of officers and/or directors

A. DIRECTORS

Janel Dressen

Chairman: _____
90 S. 7th Street, Suite 3600
Address: _____
Minneapolis, MN 55402

Dan Martin

Vice Chairman: _____
6125 Chasewood Pkwy. Apt. 118
Address: _____
Minnetonka, MN 55343

Jodi Benson

Director: _____
992 Lincoln Avenue
Address: _____
St. Paul, MN 55105

Nate Knoernschild

Director: _____
17 Washington Ave. N., Suite 300
Address: _____
Minneapolis, 55401-2048

B. OFFICERS

President: _____
Address: _____

Vice President: _____
Address: _____

Chris Elliot

Secretary: _____
228 13th Ave. N., Hopkins, MN 55343
Address: _____

Mark Basco

Treasurer: _____
3014 Cypress Circle N., Medina, MN 55340
Address: _____

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

13. Janel Dressen, Chairperson
(Signature of Chairman, Vice Chairmah, or any officer listed in number 12 of the application)

14. Janel Dressen
(Typed or printed name and capacity of person signing application)

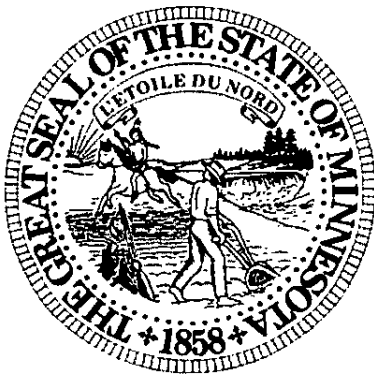
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**Office of the Minnesota Secretary of State
Certificate of Good Standing**

I, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name: The Whole Learning School
Date Filed: 06/05/2003
File Number: 2C-74
Minnesota Statutes, Chapter: 317A
Home Jurisdiction: Minnesota

This certificate has been issued on: 08/18/2015



Steve Simon

Steve Simon
Secretary of State
State of Minnesota