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(Requestor's Name)

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(Business Entity Name)

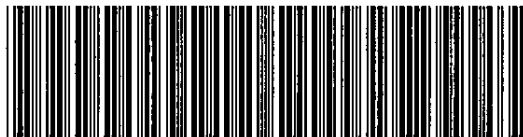
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K. SALY  
EXAMINER  
FEB -2 -

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Safe Routes to School National Partnership, 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:

Margo Pedroso

Name of Person

Safe Routes to School National Partnership

Firm/Company

2323 Broadway Ave Suite 109B

Address

Oakland, CA 94612

City/State and Zip Code

margo@saferoutespartnership.org

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

For further information concerning this matter, please call:

Margo Pedroso

at ( 301 )  
Area Code

292-1043

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:*

1. Safe Routes to School National Partnership, 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. California 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 5/1/2013 5. perpetual  
(Date of Incorporation) (Date of duration, if other than perpetual)
6. N/A  
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)
7. 2323 Broadway Ave Suite 109B, Oakland CA 94612  
(Principal office address)

(Current mailing address, if different)

8. to advance safer streets and healthier communities for children  
(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: Incorporating Services, Ltd.

Office Address: 1540 Glenway Drive

Tallahassee

(City)

Florida 32301

(Zip Code)

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**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.*



Justin Woods, Asst. Secretary

(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**

Chairman: Risa Wilkerson

Address: 2323 Broadway Ave, Suite 109B  
Oakland, CA 94612

Vice Chairman: Carol Coss

Address: 2323 Broadway Ave, Suite 109B  
Oakland, CA 94612

Director: Stephen Kinsey

Address: 2323 Broadway Ave, Suite 109B  
Oakland, CA 94612

Director: Alice Cahn

Address: 2323 Broadway Ave, Suite 109B  
Oakland, CA 94612

**B. OFFICERS**

President: Cass Isidro

Address: 2323 Broadway Ave Suite 109B  
Oakland, CA 94612

Vice President: N/A

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

Secretary: Margo Pedroso

Address: 2323 Broadway Ave, Suite 109B, Oakland CA 94612

Treasurer: Margo Pedroso

Address: 2323 Broadway Ave, Suite 109B, Oakland CA 94612

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

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

14. Margo Pedroso, Secretary/Treasurer  
(Typed or printed name and capacity of person signing application)

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**State of California**  
**Secretary of State**

**CERTIFICATE OF STATUS**

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**ENTITY NAME:**

**SAFE ROUTES TO SCHOOL NATIONAL PARTNERSHIP**

**FILE NUMBER:** C3561470  
**FORMATION DATE:** 05/01/2013  
**TYPE:** DOMESTIC NONPROFIT CORPORATION  
**JURISDICTION:** CALIFORNIA  
**STATUS:** ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California,  
hereby certify:

The records of this office indicate the entity is authorized to  
exercise all of its powers, rights and privileges in the State of  
California.

No information is available from this office regarding the financial  
condition, 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 December 30, 2015.

A handwritten signature in black ink, appearing to read "Alex Padilla".

ALEX PADILLA  
Secretary of State