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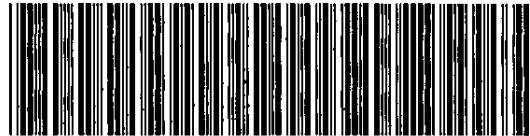
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Special Instructions to Filing Officer:

647, 608 W16-32216

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04/29/16--01015--001 **70.00

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 APR 29 PM 1:27

JUN 03 2016
S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2016 MAY 31 PM 2:47

May 2, 2016

EMILY PAULOS
1250 ADDISON STREET STE 103
BERKELEY, CA 94702 US

SUBJECT: STORYCENTER INC
Ref. Number: W16000032216

We have received your document for STORYCENTER INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

The designation of the registered office and the registered agents, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

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.

Shelia H Young
Regulatory Specialist II

Letter Number: 116A00009059

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 APR 29 PM 1:27

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: StoryCenter

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:
Emily Paulos

_____ StoryCenter	_____ Name of Person	16 APR 29 PM 1:27 STATE SECRETARY TALLAHASSEE, FL 32314
_____ 1250 Addison Street, Suite 103	_____ Firm/Company	
_____ Berkeley, CA 94702	_____ Address	
_____ emily@storycenter.org	_____ City/State and Zip code	
_____ E-mail address: (to be used for future annual report notification)		

For further information concerning this matter, please call:

_____ Emily Paulos	_____ 510	_____ 548-2065
_____ Name of Person	_____ Area Code	_____ Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

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

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 CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

**IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.**

1. StoryCenter Inc
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. California 3. 94-2660844
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. February 1981 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 1250 Addison Street Suite 103, Berkeley, CA 94702
(Principal office address)
- _____
(Current mailing address, if different)

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TALLAHASSEE, FLORIDA

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Geori Berman
Office Address: 1401 University Drive, Suite 408
Coral Springs, Florida 33071
(City) (Zip code)

9. 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.

Geori Berman

(Registered agent's signature)

10. 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.

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Joc Lambert

Address: 1250 Addison Street Suite 103, Berkeley, CA 94702

Vice Chairman: Stephanie Goss

Address: 1250 Addison Street Suite 103, Berkeley, CA 94702

Director: Kristi Laughlin

Address: 1250 Addison Street Suite 103, Berkeley, CA 94702

Director: Walt Jacobs

Address: 1250 Addison Street Suite 103, Berkeley, CA 94702

B. OFFICERS

President: Joe Lambert

Address: 1250 Addison Street Suite 103, Berkeley, CA 94702

Vice President: Stephanie Goss

Address: 1250 Addison Street Suite 103, Berkeley, CA 94702

Secretary: Andrea Spagat

Address: 1250 Addison Street Suite 103, Berkeley, CA 94702

Treasurer: _____

Address: _____

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

12. _____


Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. Joe Lambert, Board Chair and Executive Director

(Typed or printed name and capacity of person signing application)

16 APR 29 PM 1:27

STATE
SECRETARY
RECEIVED

State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

STORYCENTER

FILE NUMBER: C0965447
FORMATION DATE: 10/25/1979
TYPE: DOMESTIC NONPROFIT CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

16 APR 29 PM 1:27
STATE OF CALIFORNIA
SECRETARY OF STATE

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 May 20, 2016.

Alex Padilla

ALEX PADILLA
Secretary of State