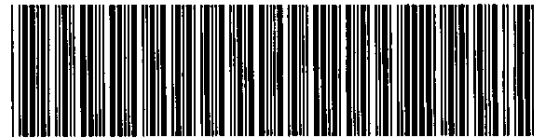


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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

04/25/17--01012--022 **70.00

Special Instructions to Filing Officer:

ending
w/17-36796

Office Use Only

Office of the
TALLAHASSEE
FLORIDA

2017 APR 24 AM 11:45

O SIMMONS
JUN 06 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 18, 2017

JUSTIN PROBERT
221 OAK ST
OAKLAND, CA 94607

SUBJECT: PREVENTION INSTITUTE
Ref. Number: W17000036796

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

Please accept our apology for failing to mention this in our previous letter.

The document must contain a statement containing the purpose(s) authorized by the jurisdiction of its incorporation, of which it intends to pursue in this state, pursuant to 617.1503(d), Florida Statutes.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia I Simmons
Regulatory Specialist II

Letter Number: 417A00010003

2017 JUN -5 PM 3:45

TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 28, 2017

JUSTIN PROBERT
221 OAK ST
OAKLAND, CA 94607

SUBJECT: PREVENTION INSTITUTE
Ref. Number: W17000036796

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

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia I Simmons
Regulatory Specialist II

Letter Number: 417A00008391

2017 MAY 16 AM 10:41

TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Prevention Institute
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:

Justin Probert
Name of Person

Prevention Institute
Firm/Company

221 Oak Street
Address

Oakland, CA 94607
City/State and Zip Code

justin@preventioninstitute.org
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Justin Probert at (510) 444-7738
Name of Person Area Code 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. Prevention Institute 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. 94-3282858
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 10/7/1997 5. _____
(Date of Incorporation) (Date of duration, if other than 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. 221 Oak Street, Oakland, CA 94607
(Principal office address)

(Current mailing address, if different)

8. To educate and enhance the understanding of effective prevention practices
(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: Registered Agents Inc.

Office Address: 3030 N. Rocky Point Dr. STE 150A

Tampa, Florida 33607
(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.

12. Names and addresses of officers and/or directors

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Larry Cohen

Address: 221 Oak Street, Oakland, CA 94607

Director: Howard Pinderhughes

Address: 1125 Bancroft Way Berkeley, CA 94702

B. OFFICERS

President: Kalahn Taylor-Clark

Address: 4019 N Randolph Street Arlington, VA 22207

Vice President: _____

Address: _____


Secretary: Judy Derman

Address: 1815 Drake Drive Oakland, CA 94611

Treasurer: Kathy Martin

Address: 66 Tedesco Street, Marblehead, MA 01945

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. Larry Cohen, Executive Director
(Typed or printed name and capacity of person signing application)

7
11-12
PM 2:10

Addendum – Additional Board Members

Kitty Hsu Dana

4600 Chase Avenue
Bethesda, MD 20814

Barbara Krimgold

2000 Florida Ave. NW, Suite 210
Washington, DC 20009

Michael Pastor

3001 Henry Hudson Parkway
Bronx, New York 10463

Daniel Perales

One Washington Square,
MacQuarrie Hall 407
San José, California USA, 95192

Marilyn Ritholz

36 Buena Vista Road
Arlington, Mass 02476

17 JUN -5 PM 2:10

State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

PREVENTION INSTITUTE

FILE NUMBER: C2057865
FORMATION DATE: 10/07/1997
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 March 23, 2017.

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

ALEX PADILLA
Secretary of State