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To: Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : URS AGENTS LLC
Account Number : I20150000127
Phone : (800)567-4397
Fax Number : (800)567-4398

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2010 MAR -6 A 9:53
U.S. DISTRICT COURT
TALLAHASSEE, FLORIDA

••Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. ••

Email Address: JHARDISON@FAMILIESLEARNING.ORG

FOREIGN PROFIT/NONPROFIT CORPORATION
NATIONAL CENTER FOR FAMILIES LEARNING, INC.

Certificate of Status	0
Certified Copy	0
Page Count	05
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NATIONAL CENTER FOR FAMILIES LEARNING, 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:

JESSIE HARDISON

Name of Person

NATIONAL CENTER FOR FAMILIES LEARNING, INC.

Firm/Company

325 W. MAIN ST., SUITE 300

Address

LOUISVILLE, KY 40202

City/State and Zip Code

JHardison@familieslearning.org

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

For further information concerning this matter, please call:

URS Agents C/O Kanetha Bishop

Name of Person

at 800
Area Code

567-4397

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

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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. NATIONAL CENTER FOR FAMILIES LEARNING, 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. KENTUCKY 3. 61-1159549
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 03/29/1989 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. 325 W. MAIN ST., SUITE 300 LOUISVILLE, KY 40202
(Principal office address)

(Current mailing address, if different)


8. CHARITABLE
(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: URS AGENTS, LLC
Office Address: 3458 LAKESHORE DRIVE
TALLAHASSEE, Florida 32312-2745
(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) Kanetha Bishop, Asst. Secretary

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: SHARON DARLING

Address: 325 W. MAIN ST., SUITE 300 LOUISVILLE, KY 40202

Director: MEREDITH M. PARENTE

Address: 325 W. MAIN ST., SUITE 300 LOUISVILLE, KY 40202

B. OFFICERS

President: SHARON DARLING

Address: 325 W. MAIN ST., SUITE 300 LOUISVILLE, KY 40202

Vice President: _____

Address: _____

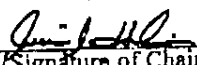
Secretary: JULIA HARPER

Address: 325 W. MAIN ST., SUITE 300 LOUISVILLE, KY 40202

Treasurer: JESSIE HARDISON

Address: 325 W. MAIN ST., SUITE 300 LOUISVILLE, KY 40202

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. Jessie Hardison, cfo/Sr. Director, Operations/Treasurer
(Typed or printed name and capacity of person signing application)FILED
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LOUIS MO

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NATIONAL CENTER FOR FAMILIES
LEARNING, INC.-
ADDITIONAL DIRECTORS:

JACQUELYN JACKSON FLEMING
325 W. MAIN ST., SUITE 300 LOUISVILLE, KY 40202

E. SUSAN GOURLEY
325 W. MAIN ST., SUITE 300 LOUISVILLE, KY 40202

RICHARD E. BARR
325 W. MAIN ST., SUITE 300 LOUISVILLE, KY 40202

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Commonwealth of Kentucky
Alison Lundergan Grimes, Secretary of State

Alison Lundergan Grimes
Secretary of State
P. O. Box 718
Frankfort, KY 40602-0718
(502) 564-3490
<http://www.sos.ky.gov>

Certificate of Existence

Authentication number: 199882
Visit <https://app.sos.ky.gov/ftshow/certvalidate.aspx> to authenticate this certificate.

I, Allison Lundergan Grimes, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

NATIONAL CENTER FOR FAMILIES LEARNING, INC.

is a corporation duly incorporated and existing under KRS Chapter 14A and KRS Chapter 273, whose date of incorporation is March 29, 1989 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that Articles of Dissolution have not been filed; and that the most recent annual report required by KRS 14A.6-010 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 6th day of March, 2018, in the 226th year of the Commonwealth.



Alison Lundergan Grimes
Alison Lundergan Grimes
Secretary of State
Commonwealth of Kentucky
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OFFICE OF STATE
TREASURER
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