

# F18000002125

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

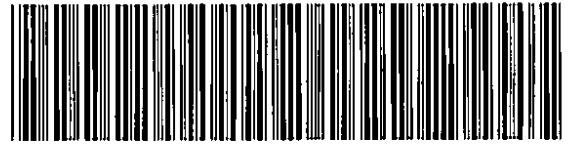
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Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
18 MAY -7 AM 9:35  
FEDERAL BUREAU OF INVESTIGATION  
U.S. DEPARTMENT OF JUSTICE

2018 MAY -7 AM 1:33

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 195254 8155761  
AUTHORIZATION :   
COST LIMIT : \$ 00.00

ORDER DATE : May 4, 2018  
ORDER TIME : 12:18 PM  
ORDER NO. : 195254-005  
CUSTOMER NO: 8155761

FOREIGN FILINGS

NAME: KIPP NEW JERSEY A NJ NONPROFIT  
CORPORATION

XXXX QUALIFICATION (TYPE: NP)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER: \_\_\_\_\_

2018 MAY 17 PM 1:33

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: KIPP NEW JERSEY A NJ NONPROFIT 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:

\_\_\_\_\_  
Name of Person  
\_\_\_\_\_  
Corporation Service Company (CSC)  
\_\_\_\_\_  
Firm/Company  
\_\_\_\_\_  
1201 Hays Street  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
Tallahassee, Florida 32301  
\_\_\_\_\_  
City/State and Zip Code  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

\_\_\_\_\_  
Name of Person at (\_\_\_\_\_) \_\_\_\_\_  
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:

KIPP NEW JERSEY A NJ NONPROFIT CORPORATION

1. (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. New Jersey  
(State or country under the law of which it is incorporated)  
3. (FEI number, if applicable)  
4. March 1, 2013  
(Date of incorporation)  
5. (Date of duration, if other than perpetual)

6. Upon filing  
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S., to determine penalty liability)  
60 Park Place, Suite 802, Newark, New Jersey 07102  
7. (Principal office address)

8. Charitable and educational purposes with the meaning of Section 501(c)(3) of the Internal Revenue Code.  
(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: Tshaka Ishmael  
Office Address: 11465 SW 45th Court, Unit 105  
Miramar Florida 33025  
(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.

By: T. Ishmael  
(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

SEE ATTACHED ADDENDUM

Chairman: \_\_\_\_\_

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

Vice Chairman: \_\_\_\_\_

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

Director: \_\_\_\_\_

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

Director: \_\_\_\_\_

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

B. OFFICERS

SEE ATTACHED ADDENDUM

President: \_\_\_\_\_

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

Vice President: \_\_\_\_\_

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

Secretary: \_\_\_\_\_

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

Treasurer: \_\_\_\_\_

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

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. John Ceez, Board Chair  
(Typed or printed name and capacity of person signing application)

**ADDENDUM TO APPLICATION  
BY FOREIGN NOT-FOR-PROFIT CORPORATION  
FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA**

**12. A. NAMES & ADDRESSES OF THE MEMBERS OF THE BOARD OF TRUSTEES:**

John Cozzi, Trustee & Chair  
60 Park Place, Suite 802  
Newark, NJ 07102

Altatrice Frazier, Trustee & Secretary  
60 Park Place, Suite 802  
Newark, NJ 07102

Alan Fournier, Trustee  
60 Park Place, Suite 802  
Newark, NJ 07102

Ryan Hill, Trustee  
60 Park Place, Suite 802  
Newark, NJ 07102

Tom Dunn, Trustee  
60 Park Place, Suite 802  
Newark, NJ 07102

Nick Colucci, Trustee  
60 Park Place, Suite 802  
Newark, NJ 07102

Marietta Cozzi, Trustee  
60 Park Place, Suite 802  
Newark, NJ 07102

John Reid-Dodick, Trustee  
60 Park Place, Suite 802  
Newark, NJ 07102

John Willian, Trustee  
60 Park Place, Suite 802  
Newark, NJ 07102

Lisa Amato, Trustee  
60 Park Place, Suite 802  
Newark, NJ 07102

**12. B. OFFICERS**

John Cozzi, Trustee & Chair  
60 Park Place, Suite 802  
Newark, NJ 07102

Altatrice Frazier, Trustee & Secretary  
60 Park Place, Suite 802  
Newark, NJ 07102

10  
MAY - 7  
11 9 35  
FILED

**STATE OF NEW JERSEY  
DEPARTMENT OF THE TREASURY  
DIVISION OF REVENUE AND ENTERPRISE SERVICES  
SHORT FORM STANDING**

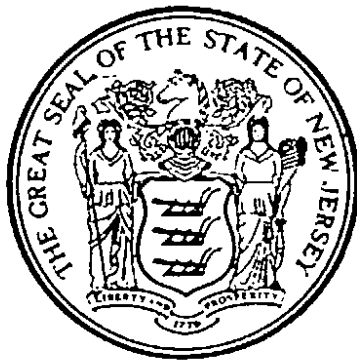
**KIPP NEW JERSEY A NJ NONPROFIT CORPORATION**  
0400554136

*I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Non-Profit Corporation was registered by this office on March 01, 2013.*

*As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.*

*I further certify that the registered agent and office are:*

ERIC FISHER  
60 PARK PLACE  
Suite 802  
NEWARK, NJ 07102



*IN TESTIMONY WHEREOF, I have  
hereunto set my hand and affixed  
my Official Seal at Trenton, this  
29th day of March, 2018*

Elizabeth Maher Muoio  
Acting State Treasurer

Certificate Number : 6087131220

Verify this certificate online at

[https://www1.state.nj.us/TYTR\\_StandingCert/JSP/Verify\\_Cert.jsp](https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp)