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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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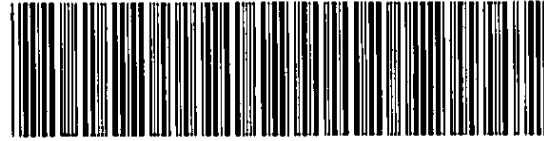
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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M. MILLIGAN

NOV 29 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Creative Education Foundation
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:

Beth Miller

Name of Person

Creative Education Foundation

Firm/Company

46 Watch Hill Drive

Address

Scituate, MA 02066

City/State and Zip Code

bmillers@creativeeducationfoundation.org

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

For further information concerning this matter, please call:

Beth Miller

Name of Person

at (508)

Area Code

910-0000 x2

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

Already paid
check # 1162

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. Creative Education Foundation, 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. New York 3. 16-0849832
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 1954 5. _____
(Date of Incorporation) (Date of duration, if other than perpetual)

6. October 1, 2018
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 46 Watch Hill Drive, Scituate, MA 02066
(Principal office address)

(Current mailing address, if different)

8. Administer Education Programs
(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)

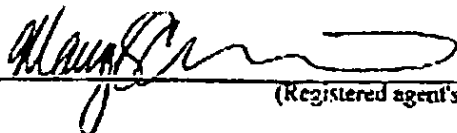
Name: Mary Carvin

Office Address: 1795 Bobtail Drive

Wadland, Florida 32751
(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.

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12. Names and addresses of officers and/or directors

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A. DIRECTORS

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Chairman: Duane Wilson

Address: 55255 Bittersweet Road
Mishawaka, IN 46545

Vice Chairman: Clare Dus

Address: 554 Central Avenue
New Providence, NJ 07974

Director: Suzie Nussel

Address: 1080 White Birch Way
Lawrenceville, GA 30043

Director: Bob Leahy

Address: 19 Partridge Drive
Hingham, MA 02043

B. OFFICERS

President: Duane Wilson

Address: 55255 Bittersweet Road
Mishawaka, IN 46545

Vice President: Clare Dus

Address: 554 Central Avenue
New Providence, NJ 07974

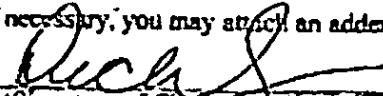
Secretary: Suzie Nussel

Address: 1080 White Birch Way, Lawrenceville, GA 30043

Treasurer: Bob Leahy

Address: 19 Partridge Drive, Hingham, MA 02043

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

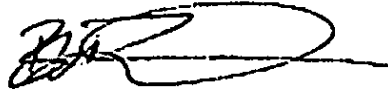
13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Duane Wilson, Board Chair
(Typed or printed name and capacity of person signing application)

State of New York
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of THE CREATIVE EDUCATION FOUNDATION, INC. was filed on 02/18/1954, as a Not-for-Profit Corporation and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

*Witness my hand and the official seal
of the Department of State at the City
of Albany, this 02nd day of November
two thousand and eighteen.*



Brendan W. Fitzgerald
Executive Deputy Secretary of State

