F19000000093

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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D. SCOTT
JAN 8 2019

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

ACCOUNT NO. : I20000000195

REFERENCE : 565567 7903777

AUTHORIZATION :

COST LIMIT : $ 87.50

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ORDER DATE : January 2, 2019

ORDER TIME : 4:34 PM

ORDER NO. : 565567-005

CUSTOMER NO: 7903777

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FILED
2019 JAN -2 P 2:36

FOREIGN FILINGS

NAME: CORPORATION FOR SKILLED WORKFORCE

XXXX QUALIFICATION (TYPE: NP)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX_____ CERTIFIED COPY
_____ PLAIN STAMPED COPY
XX_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER: _____

# COVER LETTER

**TO:** Registration Section
Division of Corporations

**SUBJECT:** Corporation for a Skilled Workforce, 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:

Sherri Cavanaugh
Name of Person

Corporation for a Skilled Workforce, Inc.
Firm/Company

1100 Victors Way, Suite 10
Address

Ann Arbor, MI 48108
City/State and Zip Code

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

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For further information concerning this matter, please call:

Sherri Cavanaugh at (734) 769-2900
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. Corporation for a Skilled Workforce, 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. Michigan
(State or country under the law of which it is incorporated)

3. (FEI number, if applicable)

4. May 31, 1991
(Date of Incorporation)

5. (Date of duration, if other than perpetual)

6. 1100 Victors Way, Suite 10, Ann Arbor, MI 48108
(Date first conducted affairs in Florida if prior to registration. *See sections 617.1501 & 617.1502, F.S. to determine penalty liability.*)

7. (Principal office address)

(Current mailing address, if different)

8. Workforce development consulting, research and policy support
(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: Corproation Service Company

Office Address: 1201 Hays Street

Tallahassee (City), Florida 32301 (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.***

Corporation Service Company

By: Emily Croft (Registered agent's signature)

Emily Croft
Asst. Vice President

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: Nancy Snyder

Address: 12 Rustic Road, West Roxbury, MA 02132

Vice Chairman:

Address:

Director: Barbara Hins-Turner, Executive Director, (W) Center of Excellence for Clean Energy, Centralia College

Address: 1217 Mellen St.
Centralia, WA 98531

Director: Robert Matthews, Associate Vice President for Workforce and Econ Development, Mott Comm. College

Address: 1401 East Court St.
Flint, MI 48503

**B. OFFICERS**

President: Ryan Davis

Address: 4017 Whitman Ave. N #302
Seattle, WA 98103

Vice President:

Address:

Secretary: Nancy Weatherford, The Understanding Group

Address: 3520 Green Court #165, Ann Arbor, MI 48105

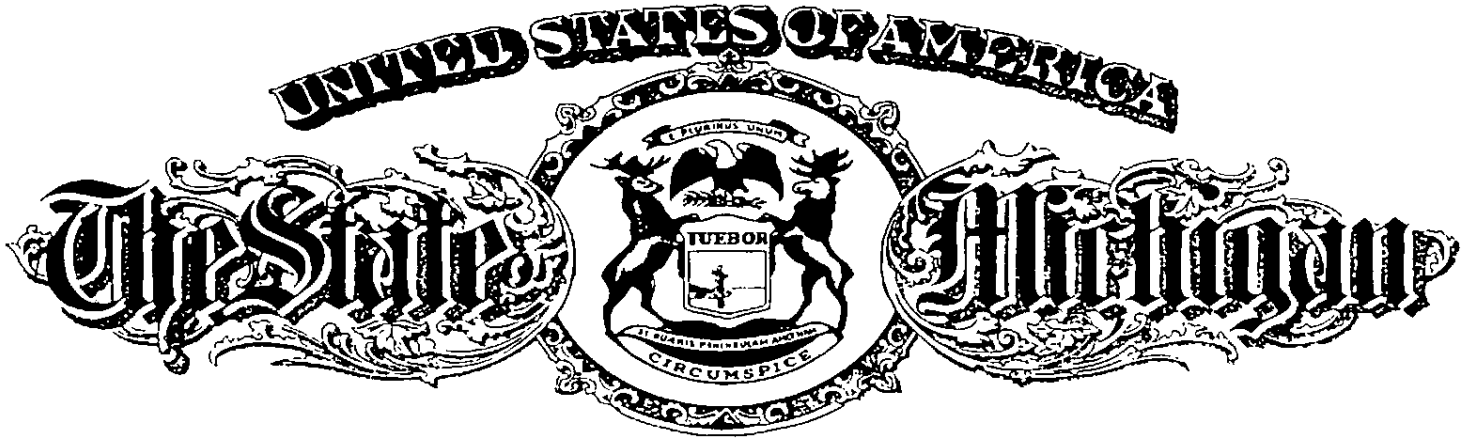
Treasurer: Joe Reed, University of Kentucky — Sherri Cavanaugh, Assistant Treasurer

Address: 2333 Alumni Park Plaza, Suite 300, Lexington, KY 40517 — 1100 Victors Way, Suite 10, Ann Arbor MI

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. Sherri Cavanaugh, Assistant Treasurer and Finance Director
(Typed or printed name and capacity of person signing application)




# Department of Licensing and Regulatory Affairs

Lansing, Michigan

*This is to Certify That*

*CORPORATION FOR A SKILLED WORKFORCE*

*was validly Incorporated on May 31 , 1991 as a Michigan nonprofit corporation, and said corporation is validly in existence under the laws of this state.*



*This certificate is issued pursuant to the provisions of 1982 PA 162 to attest to the fact that the corporation is in good standing in Michigan as of this date and is duly authorized to conduct affairs in Michigan and for no other purpose.*

*This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.*


*In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 3rd day of January , 2019.*

*Julia Dale, Director*

*Corporations, Securities & Commercial Licensing Bureau*

*Sent by electronic transmission*

Certificate Number: 19010160390

Verify this certificate at: URL to eCertificate Verification Search http://www.michigan.gov/corpverifycertificate.