

# F19000001543

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

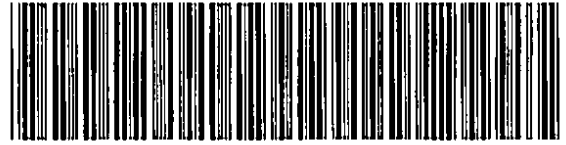
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



000326414820

03/19/19--01015--018 \*\*78.75

**FILED**  
2019 MAR 19 PM 1:53  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

BRUCE  
APR 01 2019

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Safe Routes to School National Partnership, 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:

Margo Pedroso

\_\_\_\_\_  
Name of Person

Safe Routes to School National Partnership

\_\_\_\_\_  
Firm/Company

PO Box 44328

\_\_\_\_\_  
Address

Fort Washington, MD 20749

\_\_\_\_\_  
City/State and Zip Code

margo@saferoutespartnership.org

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

RECEIVED  
TALLAHASSEE FLORIDA  
2019 MAR 19 PM 1:53

FILED

For further information concerning this matter, please call:

Margo Pedroso

\_\_\_\_\_  
Name of Person

at ( 301 )

\_\_\_\_\_  
Area Code

292-1043

\_\_\_\_\_  
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:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$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. Safe Routes to School National Partnership, 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. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 5/1/2013 5. perpetual  
(Date of Incorporation) (Date of duration, if other than perpetual)

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

7. 12021 Bion Drive, Fort Washington, MD 20744  
(Principal office street address)

PO Box 44328, Fort Washington, MD 20749  
(Current mailing address, if different)

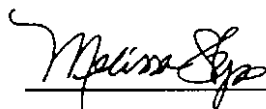
8. to advance safer streets and healthier communities for children  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: Incorporating Services, Ltd.  
Office Address: 1540 Glenway Drive  
Tallahassee, Florida 32301  
(City) (Zip Code)

**FILED**  
2018 MAR 19 PM 1:53  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

#### A. DIRECTORS

☒ Chairman Name: Carol Goss  
☐ Vice Chairman Address: PO Box 44328  
☐ Director Fort Washington, MD 20749  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: Margo Pedroso  
☐ Vice Chairman Address: PO Box 44328  
☐ Director Fort Washington, MD 20749  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☒ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: Corey Wiggins  
☒ Vice Chairman Address: PO Box 44328  
☐ Director Fort Washington, MD 20749  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: Cass Isidro  
☐ Vice Chairman Address: PO Box 44328  
☐ Director Fort Washington, MD 20749  
☒ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: Ivy Allen  
☐ Vice Chairman Address: PO Box 44328  
☐ Director Fort Washington, MD 20749  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☒ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: Michael Payne  
☐ Vice Chairman Address: PO Box 44328  
☒ Director Fort Washington, MD 20749  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

**NOTE: Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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

14. Margo Pedroso, Secretary  
 (Typed or printed name and capacity of person signing application)

FILED  
 2019 MAR 19 PM 1:53  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

# State of California

## Secretary of State

### CERTIFICATE OF STATUS

ENTITY NAME:

SAFE ROUTES TO SCHOOL NATIONAL PARTNERSHIP

FILE NUMBER: C3561470  
FORMATION DATE: 05/01/2013  
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 08, 2019.

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

ALEX PADILLA  
Secretary of State