

F19000003867

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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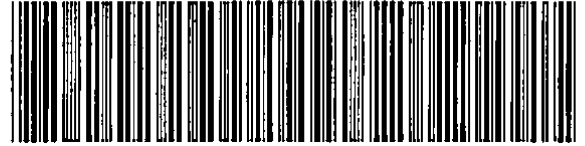
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK

AUG 20 2019
M. SOLOMON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Instruction Partners 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:

Andrea J. Sinclair

Name of Person

Sherrard Roe Voigt & Harbison, PLC

Firm/Company

150 3rd Avenue South, Suite 1100

Address

Nashville, TN 37201

City/State and Zip Code

asinclair@srvhlaw.com

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

For further information concerning this matter, please call:

Malika Anderson

Name of Person

at (

615

) Area Code

712-0658

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. Instruction Partners 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. Tennessee 3. 47-5380182
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. October 21, 2015 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. 604 Gallatin Avenue, Suite 202, Nashville, TN 37206
(Principal office street address)

(Current mailing address, if different)

8. Educational Consulting Services
(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: Universal Registered Agents, Inc.

Office Address: 1317 California Street

Tallahassee, Florida 32304
(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. 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: Sandra Alberti
☐ Vice Chairman Address: 133 Augusta Drive
☐ Director Morrestown, NJ 08057
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Emily Freitag
☐ Vice Chairman Address: 1108 Caldwell Avenue
☐ Director Nashville, TN 37204
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☒ Other: CEO ☐ Other: _____

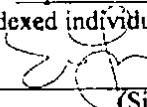
☐ Chairman Name: Malika Anderson
☐ Vice Chairman Address: 5204 Kincannon Drive
☐ Director Nashville, TN 37220
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☒ Other: Officer ☐ Other: _____

☐ Chairman Name: Joanne Weiss
☐ Vice Chairman Address: 2100 11th Street NW, #PH6
☒ Director Washington, D.C. 20001
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: David Shine
☐ Vice Chairman Address: 10 Half Mile Road
☒ Director Armonk, NY 10504
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Rick Cruz
☐ Vice Chairman Address: 2835 Hurst Terrace NW
☒ Director Washington, D.C. 20016
☐ 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. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Emily Freitag, Chief Executive Officer
(Typed or printed name and capacity of person signing application)

<u>NAME</u>	<u>TITLE</u>	<u>ADDRESS</u>
Marcus Whitney	Secretary	1810B Allison Place Nashville, TN 37203
Kira Orange-Jones		4011 Laurel Street New Orleans, LA 70115
Will del Pilar		255 N. Washington St. Apt. 522 Rockville, MD 20850
Ben Fenton	Chief of Growth & Operations	9309 Rockville Pike Bethesda, MD 20814

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Tre Hargett
Secretary of State

Division of Business Services
Department of State
State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

SHERRARD ROE VOIGT & HARBISON, PLC
1100
150 3RD AVENUE SOUTH
NASHVILLE, TN 37201

July 30, 2019

Request Type: Certificate of Existence/Authorization
Request #: 0324627

Issuance Date: 07/30/2019
Copies Requested: 1

Document Receipt

Receipt #: 004944733 Filing Fee: \$20.00
Payment-Credit Card - State Payment Center - CC #: 3762840226 \$20.00

Regarding: Instruction Partners

Filing Type: Nonprofit Corporation - Domestic
Formation/Qualification Date: 10/21/2015
Status: Active
Duration Term: Perpetual
Business County: DAVIDSON COUNTY

Control #: 818884
Date Formed: 10/21/2015
Formation Locale: TENNESSEE
Inactive Date:

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

Instruction Partners

- * is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;
- * has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- * has filed the most recent annual report required with this office;
- * has appointed a registered agent and registered office in this State;
- * has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett
Secretary of State

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