

F200000004751

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

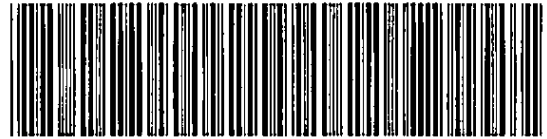
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/22/20--01007--023 **87.50

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OCT 22 2020
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OCT 22 2020
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OCT 27 2020
FILED

COVER LETTER

TO: Registration Section
Division of Corporations
THE ALGEBRA PROJECT, INC.

SUBJECT: _____
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:

BENJAMIN MOYNIHAN

Name of Person

THE ALGEBRA PROJECT, INC.

Firm/Company

99 BISHOP RICHARD ALLEN DRIVE

Address

CAMBRIDGE, MA 02139-3409

City/State and Zip Code

BEN@ALGEBRA.ORG

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

For further information concerning this matter, please call:

BENJAMIN MOYNIHAN

617

901-3231

Name of Person

at (_____) _____

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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. THE ALGEBRA PROJECT, 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. MASSACHUSETTS 3. 22-3237788
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 10/01/1991 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. 99 BISHOP RICHARD ALLEN DRIVE Cambridge, Ma 02139-3409
(Principal office street address)

(Current mailing address, if different)

8. MATHEMATICS EDUCATION 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)

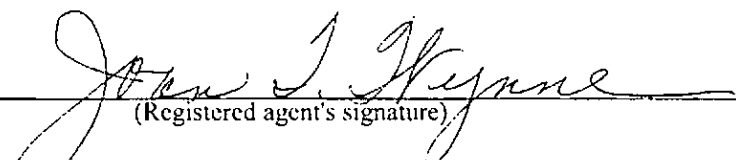
Name: JOAN T. WYNNE

Office Address: 2951 SOUTHWEST 187 TERRACE
MIRAMAR, Florida 33029
(City) (Zip Code)

FILED
OCT 22 PM 4:00
CLERK OF THE CIRCUIT COURT
IN AND FOR THE COUNTY OF DADE
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: BENJAMIN MOYNIHAN
7 PLYMOUTH STREET
☐ Vice Chairman Address: ARLINGTON, MA 02476
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☒ Other: DIRECTOR OF OPERATIONS

☒ Chairman Name: KHARI J. MILNER
CORNERSTONE FDN.
☐ Vice Chairman Address: P.O. BOX 390128
☐ Director CAMBRIDGE, MA 02139
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other: _____ ☐ Other: _____

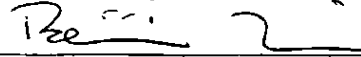
☐ Chairman Name: LADON LOVE
1913 EASTWEST HIGHWAY
☒ Vice Chairman Address: SILVER SPRING, MD 20910
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: ROBERT P. MOSES
73 SCHOOL STREET
☐ Vice Chairman Address: CAMBRIDGE, MA 02139
☐ Director _____
☒ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other: _____ ☐ Other: _____

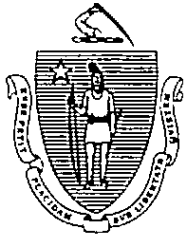
☐ Chairman Name: B.J. WALKER
IN THE PUBLIC WAY
☐ Vice Chairman Address: 5804 RACE STREET
☒ Director CHICAGO, IL 60644
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: HERBERT BROWN II
785 CEDARHURST ROAD
☐ Vice Chairman Address: JACKSON, MS 39206
☐ Director _____
☐ 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. BENJAMIN MOYNIHAN, DIRECTOR OF OPERATIONS, THE ALGEBRA PROJECT, INC.



William Francis Galvin
Secretary of the
Commonwealth

The Commonwealth of Massachusetts
Secretary of the Commonwealth
State House, Boston, Massachusetts 02133

Date: September 25, 2020

To Whom It May Concern :

I hereby certify that according to the records of this office,

THE ALGEBRA PROJECT, INC.

is a domestic corporation organized on **October 30, 1991**

I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 180 section 26 A, for revocation of the charter of said corporation; that the State Secretary has not received notice of dissolution of the corporation pursuant to Massachusetts General Laws, Chapter 180, Section 11, 11A, or 11B; that said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.



In testimony of which,

I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

William Francis Galvin

Secretary of the Commonwealth

Certificate Number: 20090535820

Verify this Certificate at: <http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx>

Processed by: sme