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| TO: | Registration S Division of C | | | | | | | |
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| SUBJ | ECT:_REAL S | chool Gardens | | | | | | |
| | | Name of Corporat | ion - must include suffix | | | | | |
| Dear S | ir or Madam: | | | | | | | |
| Λffairs | in Florida", "C | ation by Foreign Not for Profestificate of Existence", or "Crenced not for profit corporat | Certificate of Status" and ch | eck are submitted to | | | | |
| Please | return all corres | spondence concerning this ma | atter to the following: | | | | | |
| | Cassa | ndra Guerdan, Esq. | | | | | | |
| | | Name o | of Person | | | | | |
| | Nelson Mullins Riley & Scarborough LLP | | | | | | | |
| | Firm/Company | | | | | | | |
| | | | | | | | | |
| | 390 No | orth Orange Avenue, Suite 1400 | | | | | | |
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| | | | uicas | | | | | |
| | Oriand ——— | o, FL 32801 | | | | | | |
| | | City/State a | and Zip Code | | | | | |
| | cmoone | y@out-tcach.org | | | | | | |
| | E- | mail address: (to be used for | future annual report notifica | ation) | | | | |
| For fur | ther information | o concerning this matter, plea | se call: | | | | | |
| Cassar | ndra Guerdan, Es | q | Area Code Daytine Tel | | | | | |
| | Name | of Person | Area Code Daytine Tel | lephone Number | | | | |
| | Malling Addres | | Street Address; | | | | | |
| Registration Section | | | Registration Section | | | | | |
| Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | | Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 | | | | | |
| | | | | | | | | |
| | | the following amount: le to: FLORIDA DEPARTMI | YN'T OE STATE | | | | | |
| | .00 Filing Fee | S78.75 Filing Fee & | □\$78.75 Filing Fee & | □\$87.50 Filing Fee, | | | | |
| . 4.0 | | Certificate of Status | Certified Copy | 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:

| | ol Gardens Corporation | • | a corporate suffix by a nonprofit corporation. | • | |
|------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-------|
| | | rate corporate name | adopted for the purpose of transacting busine | ess in Florida) | |
| _ | | | | ŕ | |
| (State or con | intry under the law of which i | | 20-5946552 | | |
| September 19 | | t is incorporately | (FEI number, if applicable) | | |
| | Date of Incorporation) | 5. | (Date of duration, if other than per | metual) | |
| February 202 | • • | | (= 111 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | potany | |
| Date first cond | ducted affairs in Florida if prior | to registration, See | sections 617.1501 & 617.1302, F.S. to determin | ne penalty liability) | |
| | Circle, Suite 700, Washington | | | , , , , , , , , , , , , , , , , , , , , | |
| | Chele, Suite 700, Washington | | cc street address) | | |
| | | (r - mrvipar ottil | <u> </u> | | |
| | *** | | | | |
| | | (Current matting a | address, if different) | | |
| T4 | ر | | | | |
| the purpose of | of the corporation is to provid | e educational servic | to be carried out in the state of Florida) | | |
| m bosc(s) or | corporation authorized in nor | ne state or country i | to be carried out in the state of Florida) | | |
| | | | | | |
| | reet address of Florida regis | stered agent: (P.O | . Box NOT acceptable) | | |
| | rect address of Florida regi | stered agent: (P.O | . Box <u>NOT</u> acceptable) | | 1 |
| | Person Incorporated | stered agent: (P.O | . Box <u>NOT</u> acceptable) | SEGNETARY (| FILE |
| Name and <u>str</u> Name: | | | . Box <u>NOT</u> acceptable) | | FILED |
| lame and <u>str</u> Name: | Paracorp Incorporated | | | | FILED |
| lame and <u>str</u> Name: | Paracorp Incorporated 155 Office Plaza Drive, 1st | | Box NOT acceptable) , Florida 32301 (Zip Code) | AM 9: 2 | FILED |
| Name and <u>str</u> Name: icc Address: | Paracorp Incorporated 155 Office Plaza Drive, 1st Tallahassee (City) | | | AM 9: | FILED |
| Name and str Name: ice Address: Registerce | Paracorp Incorporated 155 Office Plaza Drive, 1st Tallahassee (City) d agent's acceptance: | Ploor | , Florida 32301 (Zip Code) | AM 9: 26 | FILED |
| Name and str Name: icc Address: Registered ving been no | Paracorp Incorporated 155 Office Plaza Drive, 1st Tallahassee (City) d agent's acceptance: ained as registered agent a his application, I hereby ac | Floor Ind to accept serviceept the appoint | , Florida 32301 (Zip Code) ice of process for the above stated corporate as registered agent and agree to according to the state of th | ration at the place | FILED |
| Name and str Name: icc Address: Registered ing been no ignated in the | Paracorp Incorporated 155 Office Plaza Drive, 1st Tallahassee (City) d agent's acceptance: ained as registered agent a his application, I hereby accomply with the provision | Floor ind to accept servicept the appoints as of all statutes r | , Florida 32301 (Zip Code) lice of process for the above stated corporated as registered agent and agree to acceptable to the proper and complete performance to the proper and complete performance. | ration at the place | FILED |
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| Name and str Name: fice Address: Registered oving been no signated in the | Paracorp Incorporated 155 Office Plaza Drive, 1st Tallahassee (City) d agent's acceptance: ained as registered agent a his application, I hereby ac o comply with the provision iar with and accept the obi | Floor and to accept servicept the appoints as of all statutes r ligations of my po | , Florida 32301 (Zip Code) lice of process for the above stated corporated as registered agent and agree to acceptable to the proper and complete performance to the proper and complete performance. | ration at the place | FILED |

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]:

| Chairman Obirector Obirector Obresident Secretary Other: CEO Chairman Director President Tylice Chairman | Name: Out Teach I Thomas Circle NW, Ste. 700 Washington, DC 20005 DTreasurer DOther: Name: Peggy Brookins National Board for Professional Address: Teaching Standards 1525 Wilson Blvd, Suite 700 Artington, VA 22209 |
|----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Director Director Director Vice President Secretary CEO Chairman Vice Chairman Director President Vice President | l Thomas Circle NW, Ste. 700 Washington, DC 20005 □Treasurer □Other: Name: Peggy Brookins National Board for Professional Address: Teaching Standards 1525 Wilson Blvd, Suite 700 Artington, VA 22209 |
| DPresident Vice President Secretary Other: CEO Chairman Vice Chairman Director President Vice President | Washington, DC 20005 Treasurer |
| Secretary CEO Chairman Vice Chairman Director President Vice President Secretary | Peggy Brookins Name: Peggy Brookins National Board for Professional Address: Teaching Standards 1525 Wilson Blvd, Suite 700 Arlington, VA 22209 |
| CEO Chairman Vice Chairman Director President Vice President Secretary | Name: Peggy Brookins National Board for Professional Address: Teaching Standards 1525 Wilson Blvd, Suite 700 Artington, VA 22209 |
| ☐Chairman ☐Vice Chairman ☐Director ☐President ☐Vice President ☐Secretary | Name: Peggy Brookins National Board for Professional Address: Teaching Standards 1525 Wilson Blvd, Suite 700 Arlington, VA 22209 |
| ☐ Vice Chairman ☐ Director ☐ President ☐ Vice President ☐ Secretary | National Board for Professional Address: Teaching Standards 1525 Wilson Blvd, Suite 700 Arlington, VA 22209 |
| ■Director □President □Vice President □Secretary | National Board for Professional Address: Teaching Standards 1525 Wilson Blvd, Suite 700 Arlington, VA 22209 |
| DPresident DVice President DSecretary | Arlington, VA 22209 |
| TVice President | |
| Secretary | ☐ Treusurer |
| · | Trensurer |
| □()thee: | |
| Other: | Other: |
| 1Chairman | Name: Tom Fry |
| JVice Chairman | Address: The Jenesis Group |
| Director | 130 E John Carpenter Fwy |
| President | Irving, TX 75062 |
| DVIce President | |
| OScoretary | O Treasurer |
| Other: | Other: |
| rida Department o | vill be imaged for reporting purposes only. f State Annual Report form. 12 of the application) Annua & Business on) |
| | OVice President OScoretary Other: The attachment wida Department or |

Attachment to Application by Foreign Not For Profit Corporation for Authorization to Conduct its Affairs in Florida

REAL School Gardens

Additional Directors:

| Name | Business Address | |
|-------------------|-------------------------------------|----------|
| Kelly Garrett | KIPP St. Louis | |
| | 1310 Papin Street | |
| | St. Louis, MO 63103 | |
| John Kovac | Cox Enterprises | |
| | 6205-B Peachtree Dunwoody Rd | |
| | Atlanta, GA 30328 | |
| Nicole Levine | 8317 Woodhaven Boulevard | <u>_</u> |
| | Bethesda, MD 20817 | |
| Jeanne McCarty | Out Teach | _ |
| | 1 Thomas Circle NW, Ste. 700 | |
| | Washington, DC 20005 | |
| Merianne Roth | Texas Christian University | |
| | TCU Box 298940 | |
| | Fort Worth, TX 76129 | |
| Danielle Scaturro | 305 7 th Street, Apt. 1L | |
| | Brooklyn, NY 11215 | |
| Ernie Smith | Locus Advisors, LLC | |
| | 14572 Loyalty Road | |
| | Leesburg, VA 20176 | |
| Dale Stewart | LandDesign, Inc. | |
| | 223 N Graham St | |
| | Charlotte, NC 28202 | |

STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

DATE: 10/07/2021

ENTITY NAME: REAL School Gardens

REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statues.

Leticia Herrera, Assistant Secretary

Paracorp Incorporated



Jose A. Esparza Deputy Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Deputy Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for REAL School Gardens (file number 800709614), a Domestic Nonprofit Corporation, was filed in this office on September 19, 2006.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on October 07, 2021.



Phone: (512) 463-5555

Prepared by: SOS-WEB

Jose A. Esparza Deputy Secretary of State

Fax: (512) 463-5709 Dial: 7-1-1 for Relay Services
TID: 10264 Document: 1084663400002