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| (Re | equestor's Name) | |
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| (Ac | ddress) | |
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| | | MAIL |
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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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OCT 22 2021 M. SOLOMON

COVER LETTER

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TO: Registration Section Division of Corporations

SUBJECT: QuestScope LTD. Incorporated

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 Jensen | | | | |
|--|---------------------------------|--------------------------------|--|---------------------|-----|
| | · | Name of Person | | | |
| | Global Impact | | | | |
| | | Firm/Company | | | |
| | 1199 N. Fairfax Street, Suite 3 | 0 | <u> </u> | 2821 | |
| | | | | 00T | : |
| | | Address | ······································ | | : |
| | Alexandria, VA 22314 | | • | ŕ٣ | : • |
| | City | State and Zip Code | · | $\overline{\Sigma}$ | • |
| | stateregistration@charity.org | | | <u>ل</u> ت ۳ | |
| | E-mail address: (to be u | ed for future annual report no | otification) | | |
| For further inf | prmation concerning this mat | er, please call: | | | |
| Kaleigh Willis | | 703 717-5224 at () | | | |
| | Name of Person | Area Code Daytim | e Telephone Number | | |
| | g Address: | Street Address: | | | |
| Registration Section Division of Corporations | | Registration Sec | rtion | | |
| | | Division of Cor | porations | | |
| | Box 6327 | The Centre of Tallahassee | | | |
| Tallah | assee, FL 32314 | | e 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 & | □\$78.75 Filing Fee & | □\$87.50 Filing Fee. |
|----------------------|-----------------------|-----------------------|-------------------------|
| | 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:

L. QuestScope LTD, Incorporated

(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.)

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|---|---|---|---|---|
| | | | | |

| (If name unavailable in Florida, enter altern | ate corporate name adopted for the purpose of transacting business in Florida) | |
|--|---|--------|
| 2 Illinois | 3. 36-3936979 | |
| (State or country under the law of which it | t is incorporated) (FEI number, if applicable) | |
| L 02/16/1994 | 5 N/A | |
| (Date of Incorporation) | 5. N/A (Date of duration, if other than perpetual) | |
| 5. 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. 615 First Avenue NE, Suite 500, Minneapo | lis. MN 55413 | |
| | (Principal office street address) | |
| N/A | | |
| | (Current mailing address, if different) | |
| | | |
| Charitable Organiation: Questscope is dedic (Purpose(s) of correctation suffering dia here | ated to transforming the future of vulnerable youth and communities in the Middle ne state or country to be carried out in the state of Florida) | e East |
| a aposetsy of corporation autionized in non | | |
| 9. Name and <u>street address</u> of Florida regis | stered agent: (P. U. Box NULL accentable) | |
| | | 1 |

 Name:
 C T Corporation System

 Office Address:
 1200 South Pine Island Road

 Plantation
 Florida

 (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.

Byn DAB Lisa D. DuBois, Assistant Secretary (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 | Curt Rhodes Name: | ■Chairman | John Gappa Name: | | |
|-----------------|---------------------------|-----------------|------------------------------|--|--|
| □Vice Chairman | Address: | □Vice Chairman | Address: | | |
| Director | 615 First Avenue NE | Director | 615 First Avenue NE | | |
| President | Suite 500 | | Suite 500 | | |
| □Vice President | Minneapolis, MN 55413 | □Vice President | Minneapolis. MN 55413 | | |
| □Secretary | DTreasurer | Secretary | Treasurer | | |
| Executiv | e Director | □Other: | □Other: | | |
| □Chairman | Name: | □ Chairman | Imad Libbus | | |
| □Vice Chairman | Address: | ■Vice Chairman | Address: | | |
| Director | 615 First Avenue NE | Director | 615 First Avenue NE | | |
| President | Suite 500 | | Suite 500 | | |
| □Vice President | Minneapolis. MN 55413 | □Vice President | Minneapolis, MN 55413 | | |
| ■Secretary | □Treasurer | Secretary | | | |
| □Other: | Other: | □Other: | $\Box Other: \underline{ } $ | | |
| □ Chairman | Teeb Al-Samarrai Name: | □Chairman | Name: Sheila Leatherman | | |
| □Vice Chairman | Address: | □Vice Chairman | Address: | | |
| Director | 615 First Avenue NE | Director | 615 First Avenue NE | | |
| President | Suite 500 | □President | Suite 500 | | |
| □Vice President | Minneapolis, MN 55413 | □Vice President | Minneapolis, MN 55413 | | |
| □Secretary | Treasurer | Secretary | □Treasurer | | |
| Other: | Other: | □Other: | Other: | | |
| | | | | | |

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NOTE: <u>Important Notice:</u> 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 | wit rhighes | 15/2021 | |
|-------|--|---------------|----------|
| | - research in number 12 of the application |) | |
| 14. | curt rhodes | International | Director |
| • • • | | | |



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of

Business Services. I certify that

QUESTSCOPE, LTD., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 16, 1994, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 7TH day of SEPTEMBER A.D. 2021.

Authentication #: 2125000617 verifiable until 09/07/2022. Authenticate at: https://www.ilsos.gov

Jesse White

SECRETARY OF STATE



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 6, 2021

ANDREA JENSEN GLOBAL IMPACT 1199 N. FAIRFAX STREET, SUITE 300 ALEXANDRIA, VA 22314

SUBJECT: QUESTSCOPE LTD, INCORPORATED Ref. Number: W21000133634

We have received your document for QUESTSCOPE LTD, INCORPORATED and check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Line item number 8 must be more descriptive of the purpose of the non-profit corporation in its home state.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Mel Solomon Senior Section Administrator

Letter Number: 421A00024326

RECEIVED OCT 2 2 2021