F2200000 1662

(Re	equestor's Name)	
(110	.questor s manne)	
(Ad	idress)	
(nu	41033)	
	ldress)	
(, , ,		
(Cit	ty/State/Zip/Phone	· #)
PICK-UP	TIAW	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	-	

Office Use Only



600383086356

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724

ENTITY NAME_PE	R SCHOLAS, INC.			_
DOCUMENT NUME	ER			_
	PLEASE F	ILE THE ATTACHED AND RETURN		
	Plain Copy			
	Certified Copy Certificate of St	atus		
		THE FOLLOWING FOR THE ABOVE ENTITY**	2022	
	Certified Copy of Certified Copy of	Arts & Amendments Arts & Amendments Complete File (Inclading Annual Reports) atas atas Reflecting:	HAR 21 I	
	Certificate of St Certificate of St	atas Reflecting:	PH 3: 08	ר כ
	APOSTILL	'E' NOTARIAL CERTIFICATION		
COUNTRY OF DESTI NUMBER OF CERTIF	NATION TICATES REQUESTED_			
TOTAL OWED \$	78.75	ACCOUNT # I20140000108 / United Corporate Services, Inc.	Pinan	<u> </u>

COVER LETTER

	gistration Section v:sion of Corporations		
	Per Scholas, Inc.		
SOBOLC		on - must include suffix	
Dear Sir or	Madam:		
Amairs in r	ed "Application by Foreign Not for Profi- lorida", "Certificate of Existence", or "C above referenced not for profit corporati	ertificate of Status" and o	heck are submitted to
Please retur	n all correspondence concerning this ma	tter to the following:	
	Ian Shrank		
	Name o	f Person	
	Per Scholas, Inc.		
	Firm/C	опіралу	
	220 Riverside Blvd, 36D		
			
	Add	ress	
	NY, NY 10069		
	City/State ar	id Zip Code	
	states@perscholas.org		
	E-mail address: (to be used for fi	iture annual report notific	cation)
For further in	nformation concerning this matter, please	e call:	
Ian Shrank	at (46 3211038	
	Name of Person	Area Code Daytime Te	lephone Number
Regi Divi P.O.	ing Address: istration Section s:on of Corporations Box 6327 ahassee, FL 32314	Street Address: Registration Section Division of Corpora The Centre of Talla 2415 N. Monroe Str Tallahassee, FL 323	ations hassee reet, Suite 810
Enclosed is a Please make c §\$70.00 Fil	Check for the following amount: heck payable to: FLORIDA DEPARTMEN ling Fee 4\$78.75 Filing Fee & Certificate of Status	TOF STATE \$\$78.75 Filing Fee & Certified Copy	☐\$87.50 Filing Fee, Certified Conv

APPLICATION 3Y 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 FOREICN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

in the name at j	present. "Company" or "Co." m	it is a corporation instead of a natural person or partners ay not be used as a corporate suffix by a nonprofit corpo	ration.)
(If name unav	ailable in Florida, enter alternat	te corporate name adopted for the purpose of transacting	business in Florida)
Massachusett	ds.	2 04-3252955	
(State or cou	intry under the law of which it i	s incorporated) 3. 04-3252955 (FEI number, if applications)	ble)
October 17, 19	994	5. (Date of duration, if other th	
{	Date of incorporation)	(Date of duration, if other th	an perpetual)
NA			
Date first cond	lucted affairs in Florida if prior to	registration, See sections 617.1501 & 617.1502, F.S. to de	etermine penalty liability.)
304 E. 138 Str	reet, 2d Floor, Bronx, NY 1045-	4	
·		(Principal office street address)	
	(Current mailing address, if different)	
training, job pl	lacement and mentoring of pers	cons for careers in technology estate or country to be carried out in the state of Florida)	
			<u> </u>
Purpose(s) of	corporation authorized in home	state or country to be carried out in the state of Florida)	
		estate or country to be carried out in the state of Florida) ered agent: (P.O. Box <u>NOT</u> acceptable)	
Name and <u>str</u>	eet address of Florida registe	ered agent: (P.O. Box <u>NOT</u> acceptable)	
Name and <u>str</u> Name:	eet address of Florida registe	ered agent; (P.O. Box <u>NOT</u> acceptable)	
Name and <u>str</u> Name:	eet address of Florida registe	ered agent; (P.O. Box <u>NOT</u> acceptable)	
iame and <u>str</u> Name:	eet address of Florida registe	ered agent; (P.O. Box <u>NOT</u> acceptable)	
Name and <u>str</u> Name:	eet address of Florida registe	ered agent: (P.O. Box <u>NOT</u> acceptable)	
Name and <u>str</u> Name: fice Address:	United Corporate Services, Inc. 3458 Lakeshore Drive Tallahassee (City)	ered agent: (P.O. Box <u>NOT</u> acceptable) c	2022 MAR 21 PM 3 SECRETARY OF ST TALL AHASSEELFLO
Name and <u>str</u> Name: Tice Address: Registered ving been na	United Corporate Services, Inc. 3458 Lakeshore Drive Tallahassee (City) 1 agent s acceptance: uned az registered agent und	Florida 32312 (Zip Code)	SEURE INRY OF STATE OF TALL AHASSEE, FLURING TALL AHASSEE, FLURING TALL AHASSEE, FLURING TO THE POPULATION OF THE POPULA
Name and <u>str</u> Name: Tice Address: Registered ving been naignated in th	United Corporate Services, Inc. 3458 Lakeshore Drive Tallahassee (City) I agent s acceptance: umed az registered agent unea as application, I hereby acceptance.	ered agent: (P.O. Box <u>NOT</u> acceptable) , Florida 32312 (Zip Code) d to accept service of process for the above stated competitive appointment as registered agent and agree	SEURE INTO CHE STATE OF ACCEPTANCE OF ACTION OF ACCEPTANCE
Name and <u>str</u> Name: ice Address: Registered ving been na ignated in the	United Corporate Services, Inc. 3458 Lakeshore Drive Tallahassee (City) I agent s acceptance: amed as registered agent unants application, I hereby acceptance occupily with the provisions	Florida 32312 (Zip Code)	SEURE INTO CHE STATE OF ACCEPTANCE OF ACTION OF ACCEPTANCE
Name and <u>str</u> Name: fice Address: Registered ving been natignated in the there of the street to the street to the street of t	United Corporate Services, Inc. 3458 Lakeshore Drive Tallahassee (City) I agent s acceptance: amed as registered agent unants application, I hereby acceptance occupily with the provisions	ered agent; (P.O. Box <u>NOT</u> acceptable) , Florida 32312 (Zip Code) d to accept service of process for the above stated cept the appointment as registered agent and agree of all statutes relative to the proper and complete	SEURE INTO CHE STATE OF ACCEPTANCE OF ACTION OF ACCEPTANCE
Name and <u>str</u> Name: fice Address: Registered ving been na ignated in the ther agree to	United Corporate Services, Inc. 3458 Lakeshore Drive Tallahassee (City) I agent s acceptance: amed as registered agent unants application, I hereby acceptance with and accept the obliging	ered agent; (P.O. Box <u>NOT</u> acceptable) , Florida 32312 (Zip Code) d to accept service of process for the above stated cept the appointment as registered agent and agree of all statutes relative to the proper and complete	SEURE INTO CHE STATE OF ACCEPTANCE OF ACTION OF ACCEPTANCE

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. DIRECTOR	RS		
≅ Chairman	Lewis Miller	□ Chairman	Name:
□ Vice Chairman	804 E. 138 St, Bronx, NY 10454 Address:	□ Vice Chairman	Address: 804E.138St,2dFI,Bronx,NY1045
☐ Director		□Director	
President		President	
□Vice President		□ Vice President	
☐Secretary	☐Treasurer	≅ Secretary	Treasurer
□ Other:	Other:	Other:	Other:
□Chairman	Plinio Ayala Narre:	□ Chairman	Michelle Pullaro
□Vice Chairman	Address: 804 E. 138 St. Bronx, NY 10454	□ Vice Chairman	Address: 804E138St,2dFt,Bronx,NY10454
Director		□Director	
≅ President		☐ President	
□Vice President		□ Vice President	
☐ Secretary	☐ Treasurer	Secretary	□ Treasurer
Other:	Other:	BOther:	Other:
□Chairman	Gregory Sills	□Chairman	Name: Victor De La Paz
□Vice Chairman	Address: 804 E. 138 St, Bronx, NY 10454	□ Vice Chairman	Address: 804E.138St,2dFl,Bronx,NY10454
□Director		□Director	
□Pre s ident		□President	
□Vice President		☐ Vice President	
□ Secretary	■ Treasurer	☐ Secretary	□Treasurer
Other:	Other:	☐Other:	Other:
Non-indexed indiv	Notice: Use an attachment to report more than siduals and be added to the index when filing you will be added to the index will	ur Florida Department o	of State Annual Report form,
14	Plinio Aywa, Pres	person signing applicati	On)

PER SCHOLAS DIRECTORS

Full Name	Mailing Address Line 1	≺	ng State	Mailing Z
Wale Akinwande	114 Carteret Street	Glen Ridge	Jersey	0/0/2
Ami Ariel	839 Classon Avenue	Brooklyn	York	11232
Plinio Ayala	804 East 138th Street, #2	Bronx	York	1045
Derek Braddock	6 Vista Avenue	Greenwich		06870
Dwayne Brown	4629 Easterlin Way	Woodbridge		2219
Kevin P. Brown	Ernst & Young, 5 Times Sq	New York		1003
John Fox	1 Carrington Drive	Eatontown		0//2
Blair Greenberg		Greenwich	Connecticut	080
David Hannigan	207 Van Vorst Street, Apartment 302	Jersey City	New Jersey	0730
Jean Hill	600 Madison Ave 6th Floor	New York New York	New York	2001
Faith Johnson	7437 Race Road	Hanover	Maryland	2252
Wayne Kunow	36 Towhee Lane	Orleans	Massachusetts	0200
Carolyn Landis	10 Heritage Hills Drive	Washington Crossing	Pennsylvania	768T
J.C. Lapierre	15 Sleeper Street	Boston	achusetts	1770
Josh Lieberman	1219 Reeder Circle Northeast	Atlanta	Re a	3030
Jan Lodai	1651 Quail Hollow Court	McLean	E	0177
Tina Lyden	9990 Sylvian Drive	Oublin		4301
Lewis Miller	402 Red Fox Tri	Marshall	Carolina	28/5
Mary Beth Molloy	Post Office Box 207	Loveland		4514
lan Schaad	200 Cedar Heights Road	Rhinebeck		1257
lan Shrank	220 Riverside Boulevard, Apartment 36D	New York		1006
Grea Sills	200 East 66th Street, Apartment B901	New York	_	1006
Tony Spinelli	537 Lincoln Street Northwest	Vienna		2218
Senta Taylor	503 Sweet Birch Park Lane	Black Mountain	North Carolina	287



The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02188

Date: January 07, 2022

To Whom It May Concern:

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

PER SCHOLAS, INC.

is a domestic corporation organized on October 17, 1994

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.

Secretary of the Commonwealth

navin Galein

Certificate Number: 22010144350

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

Processed by: smc