

F22000004178

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

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FOREIGN PROFIT/NONPROFIT CORPORATION

ConnectWise Foundation, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

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Corporate Filing Menu

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2022 JUL -6 PM 4:53

2022 JUL -6 PM 11:08

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ConnectWise Foundation, 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:

Kelly Hellmuth

Name of Person

Holland & Knight LLP

Firm/Company

50 N. Laura St., Suite 3900

Address

Jacksonville, FL 32202

City/State and Zip Code

kelly.hellmuth@hklaw.com

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

For further information concerning this matter, please call:

Kelly Hellmuth

Name of Person

at (904) 798-7296

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

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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. ConnectWise Foundation, 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

(State or country under the law of which it is incorporated)

3. 46-0635867

(FEI number, if applicable)

4. July 24, 2012

(Date of Incorporation)

5. _____

(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. 400 N. Tampa Street, Suite 130, Tampa, Florida 33602

(Principal office street address)

PO Box 172100 Tampa, FL 33672

(Current mailing address, if different)

8. Charitable, educational, and scientific purposes within the meaning of Internal Revenue Code section 501(c)(3).
(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: Corporate Creations Network, Inc.

Office Address: 801 US Hwy 1

North Palm Beach

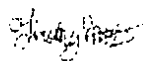
(City)

Florida 33403

(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.



Tim Pratts, Special 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.

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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: Jason Magee
☐ Vice Chairman Address: c/o ConnectWise, LLC
☒ Director 400 N. Tampa Street, Suite 130
☒ President Tampa, FL 33602
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other: Officer/CEO ☐ Other: _____

☐ Chairman Name: Josh Poe
☐ Vice Chairman Address: ConnectWise, LLC
☒ Director 400 N. Tampa Street, Suite 130
☐ President Tampa, FL 33602
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other: Officer/CLO ☐ Other: _____

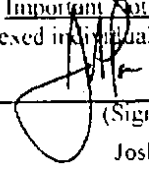
☐ Chairman Name: Brad Surminsky
☐ Vice Chairman Address: c/o ConnectWise, LLC
☒ Director 400 N. Tampa Street, Suite 130
☐ President Tampa, FL 33602
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other: Officer/CFO ☐ Other: _____

☐ Chairman Name: Geoffrey Willison
☐ Vice Chairman Address: c/o ConnectWise, LLC
☒ Director 400 N. Tampa Street, Suite 130
☐ President Tampa, FL 33602
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Brad Schow
☐ Vice Chairman Address: c/o ConnectWise, LLC
☒ Director 400 N. Tampa Street, Suite 130
☐ President Tampa, FL 33602
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Kathy Smith
☐ Vice Chairman Address: c/o ConnectWise, LLC
☒ Director 400 N. Tampa Street, Suite 130
☐ President Tampa, FL 33602
☐ 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. Josh Poe, Chief Legal Officer
 (Typed or printed name and capacity of person signing application)

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William Francis Galvin
Secretary of the
Commonwealth

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

Date: July 05, 2022

To Whom It May Concern :

I hereby certify that

CONNECTWISE FOUNDATION, INC.

appears by the records of this office to have been incorporated under the General Laws of this

Commonwealth on **July 24, 2012** (Chapter 180).

I also certify that so far as appears of record here, said corporation still has legal existence.



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: 22070032110

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

Processed by: Bod

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