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From:					
	Account Name : REGISTERED AGENT	S INC.			
	Account Number : I20090000081			:	
	Phone : (307)200-2803 Fax Number : (855)330-1010			:	
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Electronic Filing Menu

Corporate Filing Menu

Help

S. ROBERTS

JUL 0 6 2022

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:

(if name unava	allable in Florida, enter alternate corporate name	e adopted for the purpose of transacting busines	s in Florida	<u>a)</u>
2. California	3	271896345		
(State or cour	3. htry under the law of which it is incorporated)	(FEI number, if applicable)		
4/20/2040	_	Perpetual		
(f)	Date of Incorporation) 5.	(Date of duration, if other than perp	etual)	
6.				
(Date first cond	ucted affairs in Florida if prior to registration. See	sections 617.1501 & 617.1502, F.S. to determine	penalty lia	івшу.)
₇ 1 Sierra G	ate Plaza Roseville CA 95678			
	(Principal offi	ce <u>street</u> address)		
1 Sierra G	ate Plaza Roseville CA 95678			
	(Current mailing	address, if different)		
			' .	2022
。To manage	e, operate, guide, direct and promote	e one or more California public char	ter;scho	
8. (Purpose(s) of	corporation authorized in home state or country	to be carried out in the state of Florida)		
_		3. D NOT augentable)	•	-6
Name and str	eet address of Florida registered agent: (P.C	J. Box NOT acceptable)	٠.	P
	Northwest Registered Agent LLC	?		
Name:				∵ 3
Office Address:	7901 4th St N STE 300 St. Petersburg (City)		٠,	30
	St. Petersburg	, Florida 33702		
	(City)	(Zip Code)		
	Lucasita a santantan			
10 Dagistagai			ation at th	ie place
10. Registered Having been no	and as magistaged agent and to accept seri	vice of process for the above stated corpor	in this wa	marates I
Having been no designated in th	uned as registered agent and to accept serv	iment as registerea agent and agree to act relative to the proper and complete perfor	m mis ca	packy, x

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 ☐Chairman	s _{Name:} Joseph Benson	Chairman	Name: Roy Bratz					
□ Vice Chairman	Address:	□Vice Chairman	Address:					
MDirector €	7901 4th St N STE 300	□Director	7901 4th St N STE 300					
□President	St. Petersburg, FL 33702	□President	St. Petersburg, FL 33702					
□Vice President		CIVice President						
☐Scoretary	□Treasurcr	☐ Secretary	MTreasurer					
□Other:	Cl Other:	□Other:	□Other:					
□Chairman	Name: Dean Forman	☐ Chairman	Name: Aaron Adams					
□Vice Chairman	Address:	☐ Vice Chairman	Address:					
□Director	7901 4th St N STE 300	Director	1 Sierra Gate Plaza					
⊠ President	St. Petersburg, FL 33702	□President	Roseville, CA 95678					
□ Vice President		□Vice President						
Secretary	Treasurer	Secretary	Treasurer					
Other:	☐ Other:	☑Other: CFO	Other:					
□ Chairman	Name: John Brennan	□Chairman	Name:					
□Vice Chairman	Address:	□Vice Chairman	Address:					
□Director	7901 4th St N STE 300	□Director						
□President	St. Petersburg, FL 33702	□ President						
□Vice President		□Vice President						
⊠ Secretary	☐ Treasurer	☐ Secretary	☐ Treasurer					
□Other:	Other:	□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)								
13. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)								
Aaron Adams, Chief Financial Officer (Typed or printed name and capacity of person signing application)								



I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name:

JOHN ADAMS ACADEMIES, INC.

Entity No.: Registration Date: 01/29/2010

3275737

Entity Type:

Nonprofit Corporation - CA - Public Benefit

Formed In:

CALIFORNIA

Status:

Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of May 05. 2022.

SHIRLEY N. WEBER, PH.D.

Secretary of State

Certificate No.: 009517117

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at bizfileOnline.sos.ca.gov.