# F22000006180

	Requestor's Name)	
-	Address)	
	Address)	
	City/State/Zip/Phone #)	
PICK-UP	TIAW	MAIL
	Business Entity Name)	
(	Document Number)	
Certified Copies	_ Certificates of S	Status
Special Instructions to	Filina Officer:	
	- ···· <b>·</b>	

Office Use Only



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 $20^{\circ}$  -5 Figure 1

S. FRANKLIN NCT 0 6 2022

### **CT CORP**

#### 3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

D	ate:	10/05/2022	
		Acc#I20160000072	
Name:	COOP C	areers, Inc.	
Document #:			
Order #:	14570430	)	
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of			
Apostille/Notarial Certification:		Country of Destination:  Number of Certs:	2027 (
Filing:	Certifi Plain: COGS:		-5 F. 12:1.1
Availability  Document  Examiner  Updater  Verifier  W.P. Verifier  Ref#	Amou	nt:\$ 78.75	

Thank you!

### **COVER LETTER**

TO:	Registration Section Division of Corporations
SHRI	ECT: COOP CAREERS, INC.
3010	Name of Corporation – must include suffix
Dear S	Sir or Madam:
Affair:	nclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its in Florida". "Certificate of Existence", or "Certificate of Status" and check are submitted to it the above referenced not for profit corporation to conduct its affairs in Florida.
Please	return all correspondence concerning this matter to the following:
	Pareen Kohihaas
	Name of Person
	COOP CAREERS, INC.
	Firm/Company
	1177 Avenue of the Americas. 5th Floor
	Address
	New York, New York 10036
	City/State and Zip Code
	pareen@coopeareers.org
	E-mail address: (to be used for future annual report notification)
For fu	rther information concerning this matter, please call:
Paree	n Kohlhaas 732 939-3588
	Name of Person Area Code Daytime Telephone Number
	Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, Fl. 323142415 N. Monroe Street, Suite 810Tallahassee, Fl. 32303
Please	sed is a check for the following amount: make check payable to: FLORIDA DEPARTMENT OF STATE  0.00 Filing Fee

## 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:

COOP CAREERS, INC.		
import in Januagoe as will clearly indicate that it is:	ORPORATED" or "CORPORATION" or words or abbrua corporation instead of a natural person or partnership it be used as a corporate suffix by a nonprofit corporation	f not so contained
(If name unavailable in Florida, enter alternate cor	rporate name adopted for the purpose of transacting busing	ness in Florida)
Delaware	3 83-1457260	
(State or country under the law of which it is inco	orporated) (FEI number, if applicable)	
(Date of Incorporation)	5. perpetual (Date of duration, if other than pe	erpetual)
10/01/2022		
(Date first conducted affairs in Florida if prior to regi	stration. See sections 617.1501 & 617.1502, F.S. to determ	ine penalty liability.)
601 Brickell Key Drive, Suite 700, Miami, Fl. 331	131	
(P	rincipal office street address)	
(Сигг	rent mailing address, if different)	
		ge grads
	deremployment among minority and 1st generation college or country to be carried out in the state of Florida)	ge grads
Operate program to overcome unemployment/und (Purpose(s) of corporation authorized in home state	deremployment among minority and 1st generation college or country to be carried out in the state of Florida)	
Operate program to overcome unemployment/und (Purpose(s) of corporation authorized in home state Name and street address of Florida registered	deremployment among minority and 1st generation college or country to be carried out in the state of Florida)	
Operate program to overcome unemployment/und (Purpose(s) of corporation authorized in home state Name and street address of Florida registered Name:  CT Corporation System	deremployment among minority and 1st generation college or country to be carried out in the state of Florida) agent: (P.O. Box <u>NOT</u> acceptable)	7622 C.
Operate program to overcome unemployment/und (Purpose(s) of corporation authorized in home state Name and <u>street address</u> of Florida registered  Name:  CT Corporation System  1200 South Pine Island Road	deremployment among minority and 1st generation college or country to be carried out in the state of Florida) agent: (P.O. Box <u>NOT</u> acceptable)	
Operate program to overcome unemployment/und (Purpose(s) of corporation authorized in home state Name and <u>street address</u> of Florida registered  Name:  CT Corporation System  1200 South Pine Island Road	deremployment among minority and 1st generation college or country to be carried out in the state of Florida) agent: (P.O. Box <u>NOT</u> acceptable)	1622 C5
Operate program to overcome unemployment/und (Purpose(s) of corporation authorized in home state Name and <u>street address</u> of Florida registered  Name:  CT Corporation System  1200 South Pine Island Road	deremployment among minority and 1st generation college or country to be carried out in the state of Florida) agent: (P.O. Box <u>NOT</u> acceptable)	1622 C5
Operate program to overcome unemployment/und (Purpose(s) of corporation authorized in home state Name and street address of Florida registered  Name:  CT Corporation System  1200 South Pine Island Road  Plantation (City)	deremployment among minority and 1st generation college or country to be carried out in the state of Florida) agent: (P.O. Box <u>NOT</u> acceptable)	7622 C.
Operate program to overcome unemployment/und (Purpose(s) of corporation authorized in home state)  Name and street address of Florida registered  Name:  CT Corporation System  1200 South Pine Island Road  Plantation  (City)  O. Registered agent's acceptance:  aving been named as registered agent and to exignated in this application, I hereby accept to comply with the provisions of courter agree to comply with the provisions of controls.	deremployment among minority and 1st generation college or country to be carried out in the state of Florida)  agent: (P.O. Box NOT acceptable)  Florida 33324 (Zip Code)  accept service of process for the above stated corpute appointment as registered agent and agree to a fill statutes relative to the proper and complete per	oration at the place in this capacity.
Operate program to overcome unemployment/und (Purpose(s) of corporation authorized in home state Name and street address of Florida registered  Name:  CT Corporation System  1200 South Pine Island Road  Plantation  (City)  O. Registered agent's acceptance: Laving been named as registered agent and to estignated in this application, I hereby accept to arther agree to comply with the provisions of and I am familiar with and accept the obligation  /s/David Westcott	deremployment among minority and 1st generation college or country to be carried out in the state of Florida)  agent: (P.O. Box NOT acceptable)  Florida 33324 (Zip Code)  accept service of process for the above stated corpute appointment as registered agent and agree to a fill statutes relative to the proper and complete per	oration at the place in this capacity.

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]:

Name: Tony Tamer  Name: 1177 Avenue of the Americas  Address: 5th Floor  New York, NY 10036   Treasurer  Other:	□ Vice Chairman  ■ Director  □ President  □ Vice President  □ Secretary  □ CEO ■ Other:	Address:
5th Floor  New York, NY 10036    Treasurer	□President □Vice President □Secretary CFO	New York, NY 10036
□Treasurer	□Vice President □Secretary CFO	
□Treasurer	□Secretary CFO	_
	CFO	□Treasurer
Other:	<b>≅</b> Other: <u>CEO</u>	
		Other;
Name:	□ Chairman	Tanya Barnes
Address: 1177 Avenue of the Americas	□Vice Chairman	Address:
5th Floor	■Director	5th Floor
New York, NY 10036	□President	New York, NY 10036
	□Vice President	
□Treasurer .	□ Secretary	□Treasurer
☐ Other:	□Other:	□Other:
Russ Carson Name:	□Chairman	Pareen Kohlhaas
1177 Avenue of the Americas	□Vice Chairman	Address: 1177 Avenue of the Americas
5th Floor	Director	5th Floor $\frac{12}{12}$
New York, NY 10036	□President	New York, NY 10036
	□Vice President	
□Treasurer	☐ Secretary	□Treasurer
Other:	■Other:	Other:
iduals may be added to the index when filing you Parsen Kohlhaas (Signature of Chairman, Vice Chairman, or any cases, COO)	ur Florida Department o	of State Annual Report form.
	Address:	Address:

### Attachment for FL Foreign NFP Application

Title	Name	No. & Street	City	State	Zip
Director	Ken Chenault	1177 Ave of the Americas, 5 <sup>th</sup> floor	New York	NY	10036
Director	Ray Debbane	1177 Ave of the Americas, 5 <sup>th</sup> floor	New York	NY	10036
Director	Katherine Farley	1177 Ave of the Americas, 5 <sup>th</sup> floor	New York	NY	10036

Page 1



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "COOP CAREERS, INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE THIRTEENTH DAY OF SEPTEMBER, A.D.

2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CORPORATION IS AN EXEMPT CORPORATION.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

70220: -5 Filler



Authentication: 204380931

Date: 09-13-22

7003424 8300C SR# 20223512271