

F22000006215

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

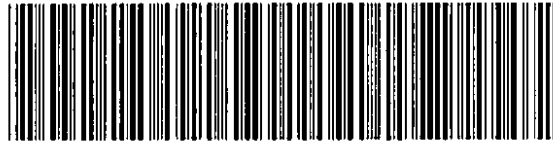
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FALL 2022
FALL 2022

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C. Brumblay



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: 61592

To: Department Of State, Division Of Corporations
From: Alexxis Weiland
Ext: 61592
Date: 10/06/22
Order #: 992058-1
Re: Mission Investors Exchange Inc.
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority

Amount to be deducted from our State Account: \$70.00 - FL State Account Number:
120000000195

AUTHORIZATION:

A handwritten signature in black ink, appearing to read "Alexxis Weiland", written over a horizontal line.

Please take the following action:

File in your office on basis
Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

TO: Registration Section
Division of Corporations

Dear Sir or Madam:

Please return all correspondence concerning this matter to the following:

Name of Person

Firm/Company

Address

City/State and Zip Code

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

Name of Person

at (_____)
Area Code

Daytime Telephone Number

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

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. Mission Investors Exchange 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. DE 3. (State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 11/03/2015 5. (Date of Incorporation) (Date of duration, if other than perpetual)

6. February 10, 2021
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S., to determine penalty liability.)

7. 105 W. 86th Street, #358, New York, NY 10024
(Principal office street address)

(Current mailing address, if different)

8. To foster, facilitate, and support effective, efficient, and innovative mechanisms to create impactful social change
(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: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee

(City)

, Florida 32031

(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.

Corporation Service Company

By: Elizabeth Harris

Elizabeth Harris, assistant vice president

(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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AND
FILED
2022 OCT - 6 AM 11:53
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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: Matthew Onek
☐ Vice Chairman Address: 105 W. 86th Street, #358
☐ Director New York, NY 10024
☒ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer _____
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Cynthia Muller
☐ Vice Chairman Address: 3011 West Grand Boulevard
☐ Director Detroit, MI 48202
☐ President _____
☐ Vice President _____
☐ Secretary ☒ Treasurer _____
☐ Other: _____ ☐ Other: _____

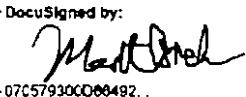
☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer _____
☐ Other: _____ ☐ Other: _____

☒ Chairman Name: Kenneth Jones
☐ Vice Chairman Address: 140 S. Dearborn Street
☐ Director Chicago, IL 60603
☐ President _____
☐ Vice President _____
☐ Secretary ☒ Treasurer _____
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Christine Looney
☐ Vice Chairman Address: 320 E. 43rd Street
☐ Director New York, NY 10017
☐ President _____
☒ Vice President _____
☐ Secretary ☐ Treasurer _____
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ 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-DocuSigned by: _____ when filing your Florida Department of State Annual Report form.

13.  07C57930C060482 (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Matthew Onek, President & CEO
 (Typed or printed name and capacity of person signing application)

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MISSION INVESTORS EXCHANGE 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 FIFTH DAY OF OCTOBER, 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.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MISSION INVESTORS EXCHANGE INC." WAS INCORPORATED ON THE THIRD DAY OF NOVEMBER, A.D. 2015.

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

5867426 8300C

SR# 20223702805

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 204556661

Date: 10-05-22