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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

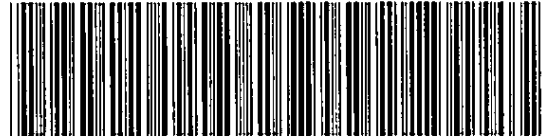
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2022 OCT -7 AM 11:30

S. ROBERTS

OCT 07 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Wildflower Foundation
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:

Lori Nielsen

Name of Person

Dorsey & Whitney LLP

Firm/Company

50 South Sixth ST STE 1500

Address

Minneapolis, MN 55402-1498

City/State and Zip Code

nielsen.lori@dorsey.com

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

For further information concerning this matter, please call:

Lori Nielsen

Name of Person

at (612) 340-2961
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

**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. The Wildflower Foundation (Corporation)

(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. Minnesota 3. 81-2826681
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 05/26/2016 5. _____
(Date of Incorporation) (Date of duration, if other than perpetual)

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

7. 1330 Lagoon AVE, 4th Floor, Minneapolis, MN 55408
(Principal office street address)

(Current mailing address, if different)

8. Support creation of new one-room Montessori schools and support existing schools.
(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 ST
Tallahassee, Florida 32301
(City) (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.

Tabatha Miller, Asst VP
(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.

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 Kramer
☐ Vice Chairman Address: 1330 Lagoon AVE
☒ Director 4th Floor
☐ President Minneapolis, MN 55408
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☒ Other: CEO ☐ Other: _____

☐ Chairman Name: Amy Hertel Buckley
☐ Vice Chairman Address: 1330 Lagoon AVE
☐ Director 4th Floor
☒ President Minneapolis, MN 55408
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other: _____ ☐ Other: _____


☐ Chairman Name: Sepandar Kamvar
☐ Vice Chairman Address: 1330 Lagoon AVE
☒ Director 4th Floor
☐ President Minneapolis, MN 55408
☐ Vice President _____
☒ Secretary _____ ☐ Treasurer _____
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Juan Goytia
☐ Vice Chairman Address: 1330 Lagoon AVE
☐ Director 4th Floor
☐ President Minneapolis, MN 55408
☐ Vice President _____
☐ Secretary _____ ☒ Treasurer _____
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Kriste Dragon
☐ Vice Chairman Address: 1330 Lagoon AVE
☒ Director 4th Floor
☐ President Minneapolis, MN 55408
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Cameron Leonard
☐ Vice Chairman Address: 1330 Lagoon AVE
☐ Director 4th Floor
☐ President Minneapolis, MN 55408
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☒ Other: Chief Admin Officer ☐ 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. Cameron Leonard, Chief Administrative Officer
(Typed or printed name and capacity of person signing application)

The Wildflower Foundation

EIN: 81-2826681

List of Officers and Directors 3.2.22

Name	Title	Address	Phone
Matthew Kramer	Chief Executive Officer and Director	1330 Lagoon AVE 4 th Floor Minneapolis, MN 55408	612-492-1858
Amy Hertel Buckley	President	1330 Lagoon AVE 4 th Floor Minneapolis, MN 55408	612-492-1858
Sepandar Kamvar	Secretary & Director	1330 Lagoon AVE 4 th Floor Minneapolis, MN 55408	612-492-1858
Cameron Leonard	Chief Administrative Officer	1330 Lagoon AVE 4 th Floor Minneapolis, MN 55408	612-492-1858
Juan Goytia	Treasurer	1330 Lagoon AVE 4 th Floor Minneapolis, MN 55408	612-492-1858
Kriste Dragon	Director	1330 Lagoon AVE 4 th Floor Minneapolis, MN 55408	612-492-1858
Isabelle Parker	CFO	1330 Lagoon AVE 4 th Floor Minneapolis, MN 55408	612-492-1858

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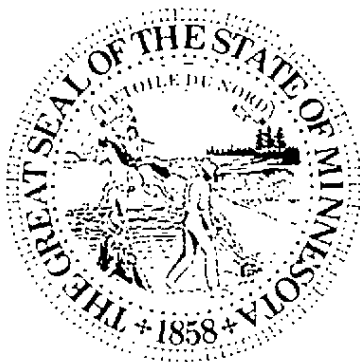
4826-0963-4793V1

**Office of the Minnesota Secretary of State
Certificate of Good Standing**

I, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name:	The Wildflower Foundation
Date Filed:	05/26/2016
File Number:	889902200034
Minnesota Statutes, Chapter:	317A
Home Jurisdiction:	Minnesota

This certificate has been issued on: 09/29/2022



A handwritten signature in black ink that reads "Steve Simon".

Steve Simon
Secretary of State
State of Minnesota