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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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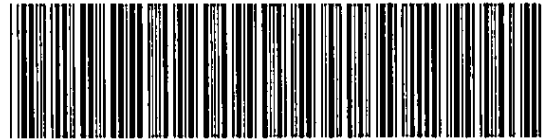
(Business Entity Name)

(Document Number)

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T. LEMIEUX
OCT 24 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Mass Insight Education and Research Institute, 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:

Nardos Kidane

Name of Person

Mass Insight Education and Research Institute, Inc.

Firm/Company

69 Canal Street, 3rd Floor

Address

Boston, MA 02114

City/State and Zip Code

nkidane@massinsight.org

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

For further information concerning this matter, please call:

Nardos Kidane

Name of Person

at (857) 315-5253

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. Mass Insight Education and Research Institute, 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 3. 04-3369687
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 05/09/1997 5. _____
(Date of Incorporation) (Date of duration, if other than perpetual)

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

7. 69 Canal Street 3rd Floor, Boston, MA 02114
(Principal office street address)

(Current mailing address, if different)

8. 501 (c) 3, Non - profit Corporation. Service Area: Educational Support Services
(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)

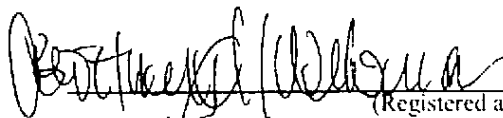
Name: InCorp Services, Inc.

Office Address: 17888 67th Court North

Loxahatchee, Florida 33470
(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.



Courtney Wehrman on behalf of InCorp Services, Inc.

(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]:
See Attachment A

A. DIRECTORS

<input checked="" type="checkbox"/> Chairman	Name: <u>Gary Eeve</u>	<input type="checkbox"/> Chairman	Name: <u>Susan F. Lusi</u>
<input type="checkbox"/> Vice Chairman	Address: <u>69 Canal Street, Boston, MA 02114</u>	<input type="checkbox"/> Vice Chairman	Address: <u>69 Canal Street, Boston, MA 02114</u>
<input type="checkbox"/> Director	_____	<input type="checkbox"/> Director	_____
<input type="checkbox"/> President	_____	<input checked="" type="checkbox"/> President	_____
<input type="checkbox"/> Vice President	_____	<input type="checkbox"/> Vice President	_____
<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer	<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Chairman	Name: <u>Cecilia Frerotte</u>	<input type="checkbox"/> Chairman	Name: <u>Paula Nassif</u>
<input type="checkbox"/> Vice Chairman	Address: <u>69 Canal Street, Boston, MA 02114</u>	<input type="checkbox"/> Vice Chairman	Address: <u>69 Canal Street, Boston, MA 02114</u>
<input type="checkbox"/> Director	_____	<input type="checkbox"/> Director	_____
<input type="checkbox"/> President	_____	<input type="checkbox"/> President	_____
<input type="checkbox"/> Vice President	_____	<input type="checkbox"/> Vice President	_____
<input type="checkbox"/> Secretary	<input checked="" type="checkbox"/> Treasurer	<input checked="" type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Chairman	Name: <u>Margery L. Piercey</u>	<input type="checkbox"/> Chairman	Name: <u>David Adams</u>
<input type="checkbox"/> Vice Chairman	Address: <u>69 Canal Street, Boston, MA 02114</u>	<input type="checkbox"/> Vice Chairman	Address: <u>69 Canal Street, Boston, MA 02114</u>
<input type="checkbox"/> Director	_____	<input checked="" type="checkbox"/> Director	_____
<input type="checkbox"/> President	_____	<input type="checkbox"/> President	_____
<input type="checkbox"/> Vice President	_____	<input type="checkbox"/> Vice President	_____
<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer	<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer
<input checked="" type="checkbox"/> Other: <u>CFO/COO</u>	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> 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.

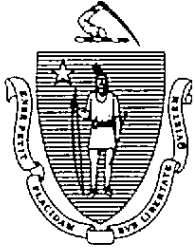
13. Margery L. Piercey
(Signature of Chairman/Vice Chairman, or any officer listed in number 12 of the application)

14. Margery L. Piercey CFO/COO
(Typed or printed name and capacity of person signing application)

Board Members List

ATTACHMENT A

Board member	Board Leadership	Address
Alia McCants	Director	C/o 69 Canal Street 3rd Floor, Boston, MA 02114
Beth Gamse	Director	C/o 69 Canal Street 3rd Floor, Boston, MA 02114
Bryan Woodard	Director	C/o 69 Canal Street 3rd Floor, Boston, MA 02114
Cecilia Frerotte	Treasurer	C/o 69 Canal Street 3rd Floor, Boston, MA 02114
Chris Horan	Director	C/o 69 Canal Street 3rd Floor, Boston, MA 02114
David Adams	Director	C/o 69 Canal Street 3rd Floor, Boston, MA 02114
Dick Taggart	Director	C/o 69 Canal Street 3rd Floor, Boston, MA 02114
Ernesto Gonzalez	Director	C/o 69 Canal Street 3rd Floor, Boston, MA 02114
Fran Kelly	Director	C/o 69 Canal Street 3rd Floor, Boston, MA 02114
Gary Evee	Chair	C/o 69 Canal Street 3rd Floor, Boston, MA 02114
Jeff Davis	Director	C/o 69 Canal Street 3rd Floor, Boston, MA 02114
Jill Norton	Director	C/o 69 Canal Street 3rd Floor, Boston, MA 02114
Kamau Hixon	Director	C/o 69 Canal Street 3rd Floor, Boston, MA 02114
Paula Nassif	Secretary	C/o 69 Canal Street 3rd Floor, Boston, MA 02114
Raolat Abdulai	Director	C/o 69 Canal Street 3rd Floor, Boston, MA 02114
Susan F. Lusi	President & CEO	C/o 69 Canal Street 3rd Floor, Boston, MA 02114



William Francis Galvin
Secretary of the
Commonwealth

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

October 3, 2022

TO WHOM IT MAY CONCERN:

I hereby certify that

MASS INSIGHT EDUCATION AND RESEARCH INSTITUTE, INC.

appears by the records of this office to have been incorporated under the General Laws of this Commonwealth on **May 9, 1997 (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