## F23000000361

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## **COVER LETTER**

TO:	Registration Section Division of Corporations			
SHRI	IECT: The Monterey Bay Aquarium Foundation			
3000	Name of Corporation – must include suffix			
Dear 5	Sir or Madam:			
Affair	nclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its s in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to er the above referenced not for profit corporation to conduct its affairs in Florida.			
Please	return all correspondence concerning this matter to the following:			
	Caroline Wolf			
	Name of Person			
	The Monterey Bay Aquarium Foundation			
	Firm/Company			
	886 Cannery Row	•		
	Address	- ا ا		
	Addiess -	 -ي		
	Monterey CA 93940  City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·		
City/State and Zip Code cwolf@mbayaq.org; rnarayan@mbayaq.org				
	E-mail address: (to be used for future annual report notification)			
For fu	rther information concerning this matter, please call:			
Carol	ine Wolf 831 648-7965			
	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	ıs &		

## 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:

the name at p			
(If name unava	allable in Florida, enter alternate co	rporate name adopted for the purpose of transacting	ng business in Florida)
California		3. 94-2487469	
(State or cou	ntry under the law of which it is in	3. 94-2487469 (FEI number, if applie	cable)
April 10th, 191	78	5. Perpetual	
(1	Date of Incorporation)	5. Perpetual (Date of duration, if other	than perpetual)
December 1st	. 2022		
Date first cond	ucted affairs in Florida if prior to reg	istration. See sections 617,1501 & 617,1502, F.S. to	determine penalty liability.
886 Cannery R	tow, Monterey CA 93940		
		Principal office street address)	
	<i>(C.</i>		
- <del></del>	(Cu	Tent mailing address, if different)	
Employee wor	king remotely from home office in	Florida	
Employee wor Purpose(s) of	king remotely from home office in		a) (3
Purpose(s) of	king remotely from home office in corporation authorized in home sta	Florida	a) (3
Purpose(s) of	king remotely from home office in corporation authorized in home stated address of Florida registered	Florida te or country to be carried out in the state of Florid	a) (3
Purpose(s) of	king remotely from home office in corporation authorized in home stated address of Florida registered	Florida te or country to be carried out in the state of Florid	a) (3
Purpose(s) of Name and <u>str</u> Name:	king remotely from home office in corporation authorized in home stated address of Florida registered Pauline Parrish	Florida te or country to be carried out in the state of Florid	a) (3
Purpose(s) of Name and <u>str</u> Name:	cking remotely from home office in corporation authorized in home stated address of Florida registered Pauline Parrish  615 North Osprey Ave	Florida  te or country to be carried out in the state of Floric  agent: (P.O. Box <u>NOT</u> acceptable)	
Purpose(s) of Name and str Name:	cking remotely from home office in corporation authorized in home stated address of Florida registered Pauline Parrish  615 North Osprey Ave	Florida  te or country to be carried out in the state of Floric  agent: (P.O. Box <u>NOT</u> acceptable)	
Purpose(s) of Name and <u>str</u> Name: ice Address:	cking remotely from home office in corporation authorized in home stated address of Florida registered Pauline Parrish  615 North Osprey Ave  Sarasota  (City)	Florida te or country to be carried out in the state of Florid	
Purpose(s) of  Name and str  Name:  ice Address:  Registered	cking remotely from home office in corporation authorized in home stated address of Florida registered Pauline Parrish  615 North Osprey Ave  Sarasota  (City)  Lagent's acceptance:	Florida te or country to be carried out in the state of Florida agent: (P.O. Box <u>NOT</u> acceptable)	
Purpose(s) of  Name and str  Name:  ice Address:  Registered ving been na	Pauline Parrish  615 North Osprey Ave  Sarasota  (City)  Lagent's acceptance:  uned as registered agent and to us application. I hereby accept	Florida te or country to be carried out in the state of Florida agent: (P.O. Box NOT acceptable) , Florida 34236	d corporation at the place to act in this capacity
Name and str Name: Name: ice Address: Registered ving been na	Pauline Parrish  615 North Osprey Ave  Sarasota  (City)  I agent's acceptance:  simed as registered agent and to be comply with the provisions of	Florida te or country to be carried out in the state of Florida agent: (P.O. Box NOT acceptable) , Florida 34236	d corporation at the place to act in this capacity
Purpose(s) of  Name and str  Name:  The Address:  Registered wing been naignated in the street to th	Pauline Parrish  615 North Osprey Ave  Sarasota  (City)  I agent's acceptance:  simed as registered agent and to be comply with the provisions of	Florida te or country to be carried out in the state of Florida agent: (P.O. Box NOT acceptable) , Florida 34236	d corporation at the place to act in this capacity
Purpose(s) of  Name and str  Name: ice Address:  Registered ving been naignated in the	corporation authorized in home stated address of Florida registered Pauline Parrish  615 North Osprey Ave  Sarasota  (City)  I agent's acceptance: amed as registered agent and to be comply with the provisions of ar with and accept the obligation.	Florida te or country to be carried out in the state of Florida agent: (P.O. Box NOT acceptable) , Florida 34236	d corporation at the place to act 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]:

A. DIRECTOR					
□Chairman	Name:	☐ Chairman	Name:		_
■Vice Chairman	Address: 886 Cannery Row, Monterey CA	□Vice Chairman	Address:		_
□Director	93940	Director			_
□President		□President			_
□Vice President		□Vice President			
Secretary	□Treasurer	Secretary		□Treasurer	
Other:	Other:	□Other:		□Other:	<del>-,</del> -
□Chairman	Robert Young	□ Chairman	Name:		
□Vice Chairman	Address: 886 Cannery Row, Monterey CA	□Vice Chairman	Address:		_
□Director	93940	Director			_
□President		□President			_
□ Vice President		□Vice President	<del></del> -	=======================================	_
□Secretary	□Treasurer	□ Secretary		☐ Treasurer	`
■Other:	inance Other:	Other:		□Other:	
☐ Chairman	Name:	□Chairman	Name:		
□Vice Chairman	886 Cannery Row, Monterey CA	□Vice Chairman	Address:		_
Director	93940	□Director		<u> </u>	_
□President		□President	<del></del>		_
□Vice President		□ Vice President	•		_
Secretary	□Treasurer	Secretary		☐Treasurer	
■Other:	t Secretary	□Other:		Other:	_
Non-indexed indi  13. Robert Your	(Signature of Chairman Vice Chairman, or any one, VP of Finance and Acting CFO	ar Florida Department o	of State Annua	il Report form.	۲.
14. Robert Four	(Typed or printed name and capacity of	person signing applicat	ion)		



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

THE MONTEREY BAY AQUARIUM FOUNDATION Entity Name:

0843295 Entity No.: Registration Date: 04/11/1978

Nonprofit Corporation - CA - Public Benefit CALIFORNIA Entity Type:

Formed In:

Active Status:

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 December 22, 2022.

SHIRLEY N. WEBER, PH.D. Secretary of State

Certificate No.: 068344130

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.