

F23000002905

(Requestor Name)

(Address)

(Address)

(City, State, Zip, Phone #)

☐ PICK-UP

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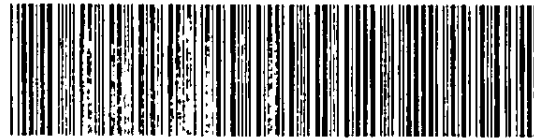
(Eus: in Entity Name)

(Enc: it Number)

Certified Copies _____ Certificates of Status _____

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2023 MAY 16 AM 10:26

SECRETARY OF STATE
TALLAHASSEE, FL

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DATE: 05/16/23

NAME: THE NIELSEN FOUNDATION, INC.

TYPE OF FILING: APPLICATION

COST: 78.75

RETURN: CERTIFIED COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



**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 NIELSEN FOUNDATION, 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. Connecticut 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 11/05/2015 5. _____
(Date of Incorporation) (Date of duration, if other than perpetual)

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

7. c/o The Nielsen Company (US), LLC, 501 Brooker Creek Blvd., Oldsmar, FL 34677
(Principal office street address)

(Current mailing address, if different)

8. The making of grants
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

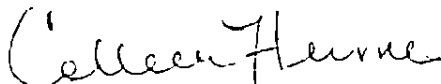
9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: COGENCY GLOBAL INC.

Office Address: 115 North Calhoun Street, Suite 4
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.



(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]:

A. DIRECTORS

☐ Chairman Name: ANDREA BERTELS
☐ Vice Chairman Address: 501 Brooker Creek Blvd.
☐ Director Oldsmar, FL 34677
☒ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: SANDRA SIMS-WILLIAMS
☐ Vice Chairman Address: 501 Brooker Creek Blvd.
☒ Director Oldsmar, FL 34677
☐ President _____
☐ Vice President _____
☒ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____


☐ Chairman Name: GEORGE CALLARD
☐ Vice Chairman Address: 501 Brooker Creek Blvd.
☒ Director Oldsmar, FL 34677
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: LISA LONGO
☐ Vice Chairman Address: 501 Brooker Creek Blvd.
☐ Director Oldsmar, FL 34677
☐ President _____
☒ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: JANA PALMACCIO
☐ Vice Chairman Address: 501 Brooker Creek Blvd.
☐ Director Oldsmar, FL 34677
☐ President _____
☐ Vice President _____
☐ Secretary ☒ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: BRENDON PERKINS
☐ Vice Chairman Address: 501 Brooker Creek Blvd.
☒ Director Oldsmar, FL 34677
☐ 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-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. President and Executive Director
(Typed or printed name and capacity of person signing application)

Secretary of the State of Connecticut

Certificate of Legal Existence

Certificate of Legal Existence Certificate

Date Issued: May 12, 2023

I, the Connecticut Secretary of the State, and keeper of the seal thereof, do hereby certify, that the certificate of incorporation for the below domestic Non-Stock corporation was filed in this office.

A certificate of dissolution has not been filed, the corporation has filed all annual reports, and so far, as indicated by the records of this office, such corporation is in existence.

Business Details

Business Name	THE NIELSEN FOUNDATION, INC.
Business ALEI	US-CT.BER:1189794
Formation Date	11/05/2015



Secretary of the State