6/16/23, 11:17 AM

Division of Corporations

## Florida Department of State Division of Longor tions State of State and the state of the state

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000216704 3)))



H230002167043ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : HARVARD BUSINESS SERVICES, INC.

Account Number : 120080000045

Phone : (302)645-7400

Fax Number : (302)645-1280

nter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address: support@registeredagentsinc.com

## FOREIGN PROFIT/NONPROFIT CORPORATION

The Nonprofit Cooperative Inc.

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	\$78.75

Electronic Filing Menu Corporate Filing Menu

Help

850-617-6381 6/19/2023 9:25:26 AM PAGE 1/001 Fax Server

June 19, 2023

FLORIDA DEPARTMENT OF STATE

Division of Corporations

HARVARD BUSINESS SERVICES, INC.

SUBJECT: THE NONPROFIT COOPERATIVE INC.

REF: W23000085358

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please specify the purpose of the entity which makes it a nonprofit in section eight (8).

If you have any questions concerning the filing of your document, please call (850) 245-6000.

STANTON H ROBERTS FAX Aud. #: H23000216704
Regulatory Specialist III Letter Number: 423A00013777

(((H230002167043)))

## 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:

۱ <u></u>	Cooperative Inc. ation: must include the word "P	NCORPORATED" or "C	ORPORATION" or words o	or abbreviations of like
import in langua	ge as will clearly indicate that it resent. "Company" or "Co," may	t is a corporation instead v not be used as a corpor	of a natural person or partne are suffix by a nonprofit corp	rship if not so contained poration.)
in the himse in g	•	•		
(If name unava	ilable in Florida, enter alternate	corporate name adopted	for the purpose of transactir	ig business in Florida)
) Delaware		,		
(State of com	itry under the law of which it is	ز. incorporated)	(FEI number, if applie	cable)
4. 09/28/2021				
4. <u>(D</u>	hate of Incorporation)	**	(Date of duration, if other	than perpetual)
	ucted affairs in Florida if prior to			
	et Astoria, NY 11105			
/		(Principal office street	address)	
442 5th Avenue	e #1372 New York, NY 10018	Current mailing address.	if different)	
to provide th				, and training that saves their
organization	time and money, so that the	ey can stay focused on	their mission.	J
8. (Purpose(s) of o	corporation authorized in home	state or country to be car	ried out in the state of Florid	Ja)
·				
9. Name and str	<u>cet address</u> of Florida registe	red agent: (P.O. Box <u>2</u>	(O) acceptable)	
Name:	Registered Agents Inc.  7901 4th Street N. Ste 300  St. Petersburg  (City)			
Office Address:	7901 4th Street N. Ste 300			<b>23</b>
(,,,,, <b>,</b>	St. Petersburg	Flor	ida <u>33702</u>	ZOZ3 JUN 21 SEGGE GAR
	(City)		(Zip Code)	
1f) Rouistorer	Lagent's acceptance:			<b>元</b> 27
Having been no	imed as registered agent and	d to accept service of p	rocess for the above state	d corporation at the place Tree to act the this condition to the place of any duffers
				ne performatice of hix dulies
and I am famili	iar with and accept the oblig	ations of my position (	as registered agent.	*** 1 T 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
		David N.D.	eric:	38 38

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			Steven G. Jacobson
<b>≝</b> Chairman	Name:	□ Chairman	Name:
□Vice Chairman	Address:	■ Vice Chairman	Address: 575 Eighth Ave. Suite 1200.
□Director	58 South Service Road, Suite 400	□Director	New York, NY 10018
□President	Mclville, NY 11747	□President	
≣Vice President		⊕Vice President	
□Secretary	□Treasurer	T3Secretary	⊞Treasurer
□Other:	Other:	CEO ∰Other:	D0hec
□Chairman	Name: Laura Duty	⊟Chairman	William Skody
□ Vice Chairman	Address:	□Vice Chairman	Address: 520 8th Avenue, Suite 2200,
Director	Dallas, TX 75206	□Director	New York, NY 10018
□President		□President	
□Vice President		☐Vice President	
■ Secretary	Treasurer	Secretary	Treasurer
□Other:	□ Other:	□Other:	□Other:
<b>⊆</b> Chairmon	Jennifer V. Abelaj, Esq.	⊡Chairman	Name: Danette O'Connell
□Vice Chairman	Address:	□ Vice Chairman	Address: 2145 45th Street
<b>⊞</b> Director	641 Lexington Avenue, 13th Floor	<b>■</b> Director	Astoria, NY 11105
□ President	New York, New York 10022	E3President	
⊡Vice President		□Vice President	
☐ Secretary	□ Freasurer	□ Secretary	Treasurer
□Other:	Other:	Other:	[]Other:
Non-indexed indi	nt Notice: Use an attachment to report more that ividuals may be added to the modes when filing (Signature of Chairman, Vice Chairman, or as connell Director (Typed or printed name and capacity	your Florida Department  ny officer listed in numbe	of State Annual Report form.

(((H230002167043)))

## **Additional Directors:**

Michael Halperin

Director

14 Penn Plaza Suite 1402, New York NY 10122

Chris Duhaime

Director

500 North Commercial St. Suite 502a

Manchester, NH 03101

(((H230002167043)))



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "THE NONPROFIT COOPERATIVE 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 SIXTEENTH DAY OF JUNE, A.D. 2023.

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 "THE NONPROFIT COOPERATIVE INC." WAS INCORPORATED ON THE TWENTY-EIGHTH DAY OF SEPTEMBER, A.D. 2021.

Authentication: 203566332

Date: 06-16-23

6267138 8300C

SR# 20232781000

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