

F23000003995

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

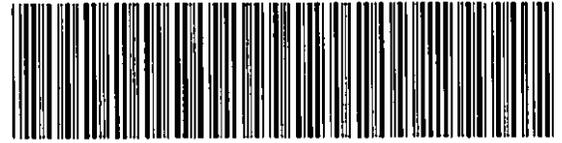
(Business Entity Name)

(Document Number)

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2023 JUL 10 PM 2:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W23-81540



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 9, 2023

CHRIS NIEBLING
1032 15TH ST., NW #407
WASHINGTON, DC 20005 US

SUBJECT: THE PRO BONO INSTITUTE
Ref. Number: W23000081540

We have received your document for THE PRO BONO INSTITUTE and check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

You must list the names and street addresses of the officers and directors of the corporation on the form/application.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Ariel Jones
Regulatory Specialist II

Letter Number: 823A00013165

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Pro Bono Institute
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:

Chris Niebling
Name of Person

Pro Bono Institute
Firm/Company

1032 15th St., NW
Address

#407
Address

Washington, DC 20005
City/State and Zip Code

eniebling@probonoinst.org
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Chris Niebling at (202) 729-6981
Name of Person 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 Pro Bono Institute
 (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.)

The Pro Bono Institute, Inc.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Washington, DC 3. 52-1991509
 (State or country under the law of which it is incorporated) (FEI number, if applicable)

4. August 9, 1996 5. _____
 (Date of Incorporation) (Date of duration, if other than perpetual)

6. 6/1/2023
 (Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 1620 I St., NW, Suite 520, Washington, DC 20006
 (Principal office street address)

1032 15th St., NW, #407, Washington DC 20005
 (Current mailing address, if different)

8. A. To operate exclusively for charitable and educational purposes, including but not limited to the following: (i) to provide technical assistance to individual law firms, public interest organizations, and the legal profession in general; to develop new pro bono programs and enhance existing pro bono programs; (ii) to serve as a national clearinghouse for information and expertise on effective pro bono programs; (iii) produce publications, including newsletters, monographs and books, related to public interest law, legal services and pro bono programs; and (iv) to conduct research, surveys and other studies on public interest law, legal services and pro bono assistance and disseminate such information.
 (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: Registered Agents Inc.

Office Address: 7901 4th St. N, Suite 300

St. Petersburg, Florida 33702
 (City) (Zip Code)

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 SECRETARY OF STATE

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.

/s/ David Roberts obo Registered Agents 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.

12. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

SEE ATTACHED LIST

A. DIRECTORS

<input type="checkbox"/> Chairman	Name: _____	<input type="checkbox"/> Chairman	Name: _____
<input type="checkbox"/> Vice Chairman	Address: _____	<input type="checkbox"/> Vice Chairman	Address: _____
<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 type="checkbox"/> Secretary	
<input type="checkbox"/> Treasurer		<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: _____	<input type="checkbox"/> Chairman	Name: _____
<input type="checkbox"/> Vice Chairman	Address: _____	<input type="checkbox"/> Vice Chairman	Address: _____
<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 type="checkbox"/> Secretary	
<input type="checkbox"/> Treasurer		<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: _____	<input type="checkbox"/> Chairman	Name: _____
<input type="checkbox"/> Vice Chairman	Address: _____	<input type="checkbox"/> Vice Chairman	Address: _____
<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 type="checkbox"/> Secretary	
<input type="checkbox"/> Treasurer		<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: _____	<input type="checkbox"/> Chairman	Name: _____
<input type="checkbox"/> Vice Chairman	Address: _____	<input type="checkbox"/> Vice Chairman	Address: _____
<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 type="checkbox"/> Secretary	
<input type="checkbox"/> Treasurer		<input type="checkbox"/> Treasurer	
<input type="checkbox"/> Other: _____	<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. *Kate Rice*
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Kate Rice, Chief Operating Officer
(Typed or printed name and capacity of person signing application)



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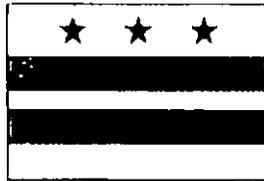
Eve L. Runyon, ex officio

Pro Bono Institute
President & CEO
1032 15th St NW
407
Washington, DC 20005

Kate Rice, Secretary (non-director)

Pro Bono Institute
Chief Operating Officer
1032 15th St NW
407
Washington, DC 20005

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF LICENSING AND CONSUMER PROTECTION
CORPORATIONS DIVISION



C E R T I F I C A T E

THIS IS TO CERTIFY that all applicable provisions of the District of Columbia Business Organizations Code (Title 29) have been complied with and accordingly, this **CERTIFICATE OF GOOD STANDING** is hereby issued to

PRO BONO INSTITUTE (THE)

WE FURTHER CERTIFY that the domestic entity is formed under the law of the District on 08/09/1996 ; that all fees, and penalties owed to the District for entity filings collected through the Mayor have been paid and Payment is reflected in the records of the Mayor; The entity's most recent biennial report required by § 29-102.11 has been delivered for filing to the Mayor; and the entity has not been dissolved. This office does not have any information about the entity's business practices and financial standing and this certificate shall not be construed as the entity's endorsement.

IN TESTIMONY WHEREOF I have hereunto set my hand and caused the seal of this office to be affixed as of 3/21/2023 3:12 PM

Business and Professional Licensing Administration



Rebecca Janovich

REBECCA JANOVICH
Deputy Superintendent of Corporations,
Corporations Division

Muriel Bowser
Mayor

Tracking #: iGCv1epw