

F25000000 707

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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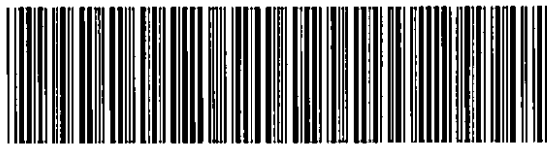
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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**CORPORATE  
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**XX** PHOTOCOPY \_\_\_\_\_

CUS \_\_\_\_\_

**XX** FILING FOREIGN INC

1. TIDES NETWORK INC.  
(CORPORATE NAME AND DOCUMENT #)

2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL INSTRUCTIONS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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. TIDES NETWORK

(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.)

TIDES NETWORK INC.

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

2. California 3. 20-3395198  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 8/8/2005 5. \_\_\_\_\_  
(Date of Incorporation) (Date of duration, if other than perpetual)

6. 5/8/2023  
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S., to determine penalty liability.)

7. 1012 Torney Avenue, San Francisco, CA 94129  
(Principal office street address)

\_\_\_\_\_  
(Current mailing address, if different)

8. Social Change Platform  
(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)

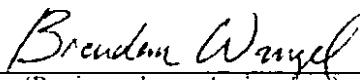
Name: Registered Agent Solutions, Inc.

Office Address: 2894 Remington Green Ln. Ste. A

Tallahassee, Florida 32308  
(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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DIVISION OF CORPORATIONS  
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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: See attached list  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ 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. Suneela Jain  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Suneela Jain  
(Typed or printed name and capacity of person signing application)

# TIDES NETWORK

## Officers & Directors

<b>Name</b>	<b>Position</b>	<b>Address</b>
Cheryl Alston	Director, Secretary	1012 Torney Avenue San Francisco, CA 94129
Brickson Diamond	Director, Chair	1012 Torney Avenue San Francisco, CA 94129
Marc Diaz	Director, Vice Chair	1012 Torney Avenue San Francisco, CA 94129
Janiece Evans- Page	Director, CEO	1012 Torney Avenue San Francisco, CA 94129
Regina Jackson	Director	1012 Torney Avenue San Francisco, CA 94129
Antoinette Klatzky	Director	1012 Torney Avenue San Francisco, CA 94129
Ed Lloyd	Director	1012 Torney Avenue San Francisco, CA 94129
Dylan Orr	Director	1012 Torney Avenue San Francisco, CA 94129
Tim Wang	Director, Treasurer	1012 Torney Avenue San Francisco, CA 94129
Jacob Weldon	Director	1012 Torney Avenue San Francisco, CA 94129
Trista Harris	Director	1012 Torney Avenue San Francisco, CA 94129
Jessica Carvalho Morris	Director	1012 Torney Avenue San Francisco, CA 94129

**TIDES NETWORK**  
**Officers & Directors**

Shelby Chestnut	Director	1012 Torney Avenue San Francisco, CA 94129
Jeffrey Wallace	Director	1012 Torney Avenue San Francisco, CA 94129
Sulma Arias	Director	1012 Torney Avenue San Francisco, CA 94129
Lori Chatman	Director	1012 Torney Avenue San Francisco, CA 94129
Elizer Daris	Director	1012 Torney Avenue San Francisco, CA 94129
Michael Roberts	Director	1012 Torney Avenue San Francisco, CA 94129
Angela Chadwick	Director	1012 Torney Avenue San Francisco, CA 94129
Suneela Jain	Assistant Secretary	1012 Torney Avenue San Francisco, CA 94129
Karen Caldwell	Assistant Treasurer, CFO	1012 Torney Avenue San Francisco, CA 94129



# Secretary of State

## Certificate of Status

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

**Entity Name:** TIDES NETWORK  
**Entity No.:** 2796303  
**Registration Date:** 08/08/2005  
**Entity Type:** Nonprofit Corporation - CA - Public Benefit  
**Formed In:** CALIFORNIA  
**Status:** Active

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 January 14, 2025.

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

**Certificate No.:** 284604226

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](http://bizfileOnline.sos.ca.gov).