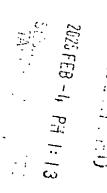
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
	(0) ( (1)	
(Cit	y/State/Zip/Phone	≘ #)
PICK-UP	☐ WAIT	MAIL
/D.	siness Entity Nar	701
{Du	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



400443763214

25FEB - L AH 10: 54



Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.incserv.com



**ORDER FORM** 

**TO** Florida Department of State

Tallahassee, FL 32303

The Centre of Tallahassee 2415 North Monroe Street, Suite 810

corphelp@dos.myflorida.com

850-245-6051

FROM: Melissa Moreau

850.656.7953

REQUEST DATE 2/3/202	5
----------------------	---

**PRIORITY**, Regular Approval

OUR REF\_#\_(Order\_ID,#)\_ 1344660

ORDER ENTITY

MADRONE COMMUNITY DEVELOPMENT FOUNDATION, INC.

File the atta	ched foreigr	n qualification	document	-	NC. (FL)		
NOTES:				- · · · · · · · · · · · · · · · · · · ·	·	-	
\$70.00 Author	rized				•		

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely.

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Monday, February 3, 2025 Page 1 of 1

## **COVER LETTER**

Division of Corporations					
SUBJECT: Madrone Community Develop	ment Foundation, Inc.				
Dear Sir or Madam:					
The enclosed "Application by Foreign Not for Profit Corpora Affairs in Florida", "Certificate of Existence", or "Certificate register the above referenced not for profit corporation to con	of Status" and check are submitted to				
Please return all correspondence concerning this matter to the	following:				
John Hiestand					
Name of Person					
Harbor Compliance Firm/Company	<del></del>				
1830 Colonial Village Ln					
<u></u>	····				
Address					
Lancaster, PA 17601					
City/State and Zip Co	ode				
E-mail address: (to be used for future and	ual report notification)				
For further information concerning this matter, please call:					
John Hiestand at (717	、431-9164				
Name of Person Area Coo	<u>-</u> / - <del></del>				
Registration Section Registration Section Division of Corporations Division 6327 The Tallahassee, FL 32314 241	et Address: distration Section dision of Corporations Centre of Tallahassee S.N. Monroe Street, Suite 810 dahassee, FL 32303				
	TATE 5 Filing Fee & □\$87.50 Filing Fee. rified Copy 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:

(If name unav	ailable in Florida, enter alternate corporate	name adopted for the purpose of transacting bus	iness in Florida)
Californi	<b>a</b>	27 400 4700	·
(State or cou 12/08/202	ntry under the law of which it is incorporated.	(FEI number, if applicable)	
N/A	Date of Incorporation)	5. (Date of duration, if other than	perpetual)
Date first cond	ucted affairs in Florida if prior to registration	see sections 617.1501 & 617.1502, F.S. to determ	mine p <b>e</b> nalty liability
	nter St, Berkeley, CA 94704		
		office street address)	
		!	
··	(Current ma	iling address, if different)	·
			2 PV
Housing I	Development, Construction &	& Management.	13 6 13 6 13 6
urpose(s) of	corporation authorized in home state or cou	untry to be carried out in the state of Florida)	951 T
			<u> </u>
	eet address of Florida registered agent:	(P.O. Box NOT acceptable)	
Vame and sin		(P.O. Box NOT acceptable)	CARRORA CARRORA
Name and <u>str</u> Name:	Registered Agents Inc 7901 4th St N STE 300	(P.O. Box NOT acceptable)	CHRECHWIER CHRECHWIER MIO: 54
Name and str Name:	Registered Agents Inc 7901 4th St N STE 300 St. Petersburg		AM IO: 54
Name and str Name:	Registered Agents Inc 7901 4th St N STE 300	(P.O. Box NOT acceptable) , Florida 33702(Zip Code)	Chrechalosc AM IO: 54
Name and str Name: ice Address: Registered ving been na ignated in th	Registered Agents Inc 7901 4th St N STE 300  St. Petersburg (City)  agent's acceptance: med as registered agent and to accept is application. I hereby accept the app	Florida 33702  (Zip Code)  service of process for the above stated corpointment as registered agent and agree to the state of the service selection.	oration at the pla
Name and str Name: fice Address: Registered ving been na ignated in the	Registered Agents Inc 7901 4th St N STE 300  St. Petersburg (City)  agent's acceptance: med as registered agent and to accept is application, I hereby accept the application of all states.	Florida 33702  (Zip Code)  service of process for the above stated corpointment as registered agent and agree to the state of the service selection.	oration at the pla

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	S Plair Toyonar		PY-land NV-lands Attorney
□ Chairman	Name: Blair Tavenner	☐ Chairman	Name: Richard Nicholas Waugh
□Vice Chairman	Address: 2081 Center St	DViœ Chaiπnan	Address: 2081 Center St
□Director	Berkeley, CA 94704	Director	Berkeley, CA 94704
□President		∏Presideπt	
		 ⊡ Vice President	
Secretary	□Treasurer	Secretary	□Treasurer
Other:	Other:	Other:	□Other:
□ Chairman	Name: Thomas J. Higgins	ļ ŪChairman	Name: Zachary Heineman
□Vice Chairman	Address: 2081 Center St	□Vice Chairman	Address: 2081 Center St
<b>⊠</b> Director	Berkeley, CA 94704	☑ Director	Berkeley, CA 94704
□President		President	
□Vice President		i □Vice President	
☐ Secretary	□Treasurer	Secretary	Treasurer
Other:	Other:	□ Other:	Other:
☐ Chairman	Name: Pria Hidisyan	l □Chairman	Name: Sundee Wislow
□Vice Chairman	Address: 2081 Center St	। ⊡Vice Chairman	Address: 2081 Center St
Director	Berkeley, CA 94704	Director	Berkeley, CA 94704
□President		□President	
□Vice President		□ Vice President	
☐ Secretary	□Treasurer	Secretary	Treasurer
Other:	Other:	□other:	Other:
Non-indexed indiv	t Notice: Use an attachment to report more that viduals may be added to the index when filing (Signature of Chairman, Vice Chairman, or at Nicholas Waugh, President (Typed or printed name and capacity	your Florida Department on officer listed in number	of State Annual Report form.



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

Entity Name: MADRONE COMMUNITY DEVELOPMENT FOUNDATION

**Entity No.:** 4818031 **Registration Date:** 12/08/2021

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 21, 2025.

SHIRLEY N. WEBER, PH.D.

Secretary of State

Certificate No.: 287027629

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at **biz**fileOnline.sos.ca.gov.