

PBC

State of Minnesota

SECRETARY OF STATE

CERTIFICATE OF INCORPORATION

I, Joan Anderson Grove, Secretary of State of Minnesota, do certify that: Articles of Incorporation, duly signed and acknowledged under oath, have been filed on this date in the Office of the Secretary of State, for the incorporation of the following corporation, under and in accordance with the provisions of the chapter of Minnesota Statutes listed below.

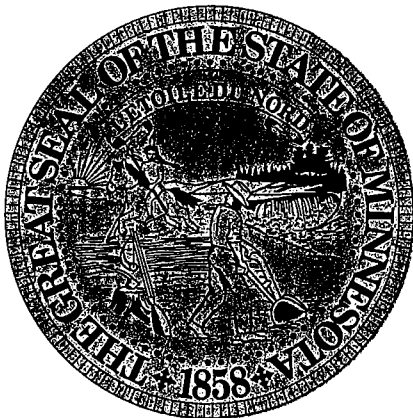
This corporation is now legally organized under the laws of Minnesota.

Corporate Name: Math & Science Academy

Corporate Charter Number: 1R-806

Chapter Formed Under: 317A

This certificate has been issued on 06/26/1998.



Joan Anderson Grove
Secretary of State.

HR-806

8051



STATE OF MINNESOTA
SECRETARY OF STATE
ARTICLES OF INCORPORATION
Business and Nonprofit Corporations

Dec 1 '97 11:37 P. 01
STATE OF MINNESOTA
DEPARTMENT OF STATE
FILED

F3/LL

JUN 26 1998

Jan Anderson Howe
Secretary of State

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK.

Please read the directions on the reverse side before completing this form. All information on this form is public information.

TO EXPEDITE THE RETURN OF YOUR DOCUMENTS, PLEASE SUBMIT A STAMPED, SELF-ADDRESSED ENVELOPE.

The undersigned incorporator(s) is an (are) individual(s) 18 years of age or older and adopt the following articles of incorporation to form a (mark ONLY one):

FOR-PROFIT BUSINESS CORPORATION (Chapter 302A) NONPROFIT CORPORATION (Chapter 317A)

ARTICLE I . NAME

The name of the corporation is:

Math & Science Academy mr

(Business Corporation names must include a corporate designation such as Incorporated, Corporation, Company, Limited or an abbreviation of one of those words.)

ARTICLE II REGISTERED OFFICE ADDRESS AND AGENT

The registered office address of the corporation is:

1493 Huron Street, St. Paul, MN 55108

(A complete street address or rural route and rural route box number is required; the address cannot be a P.O. Box) City State Zip

The registered agent at the above address is:

Dimitrios Hilton

(Note: You are not required to have a registered agent.) Name

ARTICLE III SHARES

The corporation is authorized to issue a total of (zero) shares.

(If you are a business corporation you must authorize at least one share. Nonprofit corporations are not required to have shares.)

ARTICLE IV INCORPORATORS

I (We), the undersigned incorporator(s) certify that I am (we are) authorized to execute these articles and that the information in these articles is true and correct. I (We) also understand that if any of this information is intentionally or knowingly misstated that criminal penalties will apply as if I had signed these articles under oath. (Provide the name and address of each incorporator. Each incorporator must sign below. List the incorporators on an additional sheet if you have more than two incorporators.)

<u>Dimitrios Hilton</u>	<u>1493 Huron Street</u>	<u>St. Paul</u>	<u>MN</u>	<u>55108</u>	<u>[Signature]</u>
Name	Street	City	State	Zip	Signature
<u>RONALD COCKRIEL</u>	<u>943 CENTURY AVEN.</u>	<u>MAPLEWOOD</u>	<u>MN</u>	<u>55119</u>	<u>[Signature]</u>
Name	Street	City	State	Zip	Signature

List the Standard Industrial Classification Code (SIC) that most accurately describes the nature of the business of this corporation. Select one of the 2-digit SIC Codes listed on the backside of this form. _____

Print name and phone number of person to be contacted if there is a question about the filing of these articles.

Dimitrios Hilton (612) 386-4659

Name Phone Number

081390



MINNESOTA SECRETARY OF STATE
AMENDMENT OF ARTICLES OF INCORPORATION

BEFORE COMPLETING THIS FORM, PLEASE READ INSTRUCTIONS LISTED BELOW.

CORPORATE NAME:(List the name of the company prior to any desired name change)

Math and Science Academy

This amendment is effective on the day it is filed with the Secretary of State, unless you indicate another date, no later than 30 days after filing with the Secretary of State.

The following amendment(s) of articles regulating the above corporation were adopted: (Insert full text of newly amended article(s) indicating which article(s) is (are) being amended or added.) If the full text of the amendment will not fit in the space provided, attach additional numbered pages. (Total number of pages including this form 2.)
ARTICLE IV (two)

- also The Math and Science Academy would like to:
- (1) Affirm that we will be a nonprofit corporation as defined by 501(c)3 of the Internal Revenue Code.
 - (2) ^{Affirm} That the Math and Science Academy will operate as a public charter school under Minnesota Statute 120.064
 - (3) Affirm that the Math and Science Academy will comply with federal non-discrimination law and with the Minnesota Human Rights Act.

This amendment has been approved pursuant to Minnesota Statutes chapter 302A or 317A. I certify that I am authorized to execute this amendment and I further certify that I understand that by signing this amendment, I am subject to the penalties of perjury as set forth in section 609.48 as if I had signed this amendment under oath.

[Signature] 8/27/98
(Signature of Authorized Person)

INSTRUCTIONS

- 1. Type or print with black ink.
- 2. A Filing Fee of: \$35.00, made payable to the Secretary of State.
- 3. Return completed forms to:

Secretary of State
180 State Office Building
100 Constitution Ave.
St. Paul, MN 55155-1299
(612)296-2803

FOR OFFICE USE ONLY

80 SOUTH EIGHTH STREET
MINNEAPOLIS, MINNESOTA 55402
TELEPHONE (612) 334-8400
FACSIMILE (612) 334-8650

BRIGGS AND MORGAN

PROFESSIONAL ASSOCIATION

WRITER'S DIRECT DIAL

(612) 334-8482

WRITER'S E-MAIL

carste@briggs.com

January 8, 1999

VIA U.S. MAIL

Minnesota Secretary of State
180 State Office Building
100 Constitution Avenue
St. Paul, MN 55155

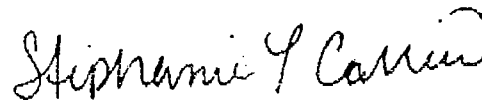
Re: Certificate of Assumed Name

Dear Madam/Sir:

Enclosed for filing with the Minnesota Secretary of State's office please find the Certificate of Assumed Name (the "Certificate") for **Minnesota Math & Science Academy**. Also enclosed is a check in the amount of \$25.00 for the filing fee. Please return the filed Certificate in the envelope provided.

If you have any questions regarding the enclosed, you may contact me directly at 612-334-8482.

Very truly yours
BRIGGS AND MORGAN, P.A.



Stephanie L. Carrier
Paralegal

Enclosures

cc: Dimitrious Hilton (via fax w/enclosures)
John A. Cairns, Esq. (w/enclosures)



STATE OF MINNESOTA
SECRETARY OF STATE
CERTIFICATE OF
ASSUMED NAME

Minnesota Statutes Chapter 333

Read the directions on reverse side before completing.

Filing Fee: \$25.00

All information on this form is public information.

To expedite the return of your documents, please submit a stamped self-addressed envelope.

The filing of an assumed name does not protect a user's exclusive rights to that name. The filing is required as a consumer protection, in order to enable consumers to be able to identify the true owner of a business.

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK FOR MICROFILMING PURPOSES.

1. State the exact assumed name under which the business is or will be conducted: (one business name per application)

Minnesota Math & Science Academy

2. State the address of the principal place of business. A complete street address or rural route and rural route box number is required; the address cannot be a P.O. Box.

1493 Huron Street	St. Paul	Minnesota	55108
Street	City	State	Zip code

3. List the name and complete street address of all persons conducting business under the above Assumed Name. Attach additional sheet(s) if necessary. If the business owner is a corporation or other business entity, list the legal name and registered office address.

Name (please print)	Street	City	State	Zip
Math & Science Academy d/b/a Minnesota Math & Science Academy,	1493 Huron Street,	St. Paul,	MN	55108

4. List the Standard Industrial Code (SIC) that most accurately describes the nature of the business operating under this name 99. Select one of the 2-digit SIC Codes listed on the reverse side of this form.

5. I certify that I am authorized to sign this certificate and I further certify that I understand that by signing this certificate, I am subject to the penalties of perjury as set forth in Minnesota Statutes section 609.48 as if I had signed this certificate under oath.

Signature (ONLY one person listed in #3 is required to sign.)

John A. Cairns - Counsel

Print Name and Title

Dimitrios Hilton

January 8, 1999

Date

612-386-4659

F. 01/03
2400 IDS CENTER
80 SOUTH 8TH STREET
MINNEAPOLIS, MINNESOTA 55402
TELEPHONE: (612)334-8400
FACSIMILE: (612) 334-8650

www.briggs.com

BRIGGS AND MORGAN

PROFESSIONAL ASSOCIATION

January 8, 1999

Please deliver the following 3 page(s) (This includes this cover sheet)

To:

Recipient Name:

Dimitrious Hilton

Fax Number:

651-488-4852

Company:

Math & Science Academy

Telephone Number:

612-386-4659

From:

Name of Sender

Stephanie Carrier

Telephone # of Sender:

612-334-8482

Instructions or Comments:

[Empty rectangular box for instructions or comments]

If you have any problems receiving these pages, please contact us at (612)334-8520 and ask to speak with the FAX operator.

CONFIDENTIAL FAX

The information contained in this facsimile message is attorney privileged and confidential information intended only for the use of the individual or entity named on the cover sheet. If the reader of this message is not the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please immediately notify us by telephone, and return the original message to us at the address listed on the cover sheet via the U.S. Postal Service. Thank You.

TRANSACTION REPORT

JAN-09-99 03:32 AM

651 488 4852

FOR: MSA

RECEIVE

DATE	START	SENDER	PAGES	TIME	NOTE
JAN-09	03:30 AM	G3	3	1'53"	OK

AR-806

8051



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SECRETARY OF STATE
ARTICLES OF INCORPORATION
Business and Nonprofit Corporations

Dec 1 '97 11:32 P. 01
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DEPARTMENT OF STATE
FILED

73/22

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Secretary of State

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Dimitrios Hilton, 1493 Huron Street, St. Paul, MN 55108

Name Street City State Zip Signature

RONALD COCKRIEL 943 CENTURY AVEN. MAPLEWOOD MN 55119

Name Street City State Zip Signature

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Dimitrios Hilton (612) 386-4659

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