

NEW YORK STATE DEPARTMENT OF STATE
DIVISION OF CORPORATIONS, STATE RECORDS AND UNIFORM COMMERCIAL CODE
ASSUMED NAME FILING RECEIPT

ENTITY NAME : COUNCIL ON ACCREDITATION FOR CHILDREN AND FAMILY SERVICES, INC.

DOCUMENT TYPE : CERTIFICATE OF ASSUMED NAME

DOS ID NUMBER : 443714

ENTITY TYPE : DOMESTIC NOT-FOR-PROFIT CORPORATION

ASSUMED NAME : SOCIAL CURRENT

ASSUMED NAME ID NUMBER : 6296697

FILE DATE : 10/05/2021

FILE NUMBER : 211005003222

TRANSACTION NUMBER : 202110050001954-254079

FILER : HARTER SECREST & EMERY LLP
1600 BAUSCH & LOMB PLACE,
ROCHESTER, NY, 14604, USA

SERVICE COMPANY : REGISTERED AGENT SOLUTIONS, INC.

SERVICE COMPANY ACCOUNT : 30



You may verify this document online at : <http://ecorp.dos.ny.gov>

AUTHENTICATION NUMBER : 100000453256

TOTAL FEES:	\$160.00	TOTAL PAYMENTS RECEIVED:	\$160.00
FILING FEE (Includes County Fees):	\$125.00	CASH:	\$0.00
CERTIFICATE OF STATUS:	\$0.00	CHECK/MONEY ORDER:	\$0.00
CERTIFIED COPY:	\$10.00	CREDIT CARD:	\$0.00
COPY REQUEST:	\$0.00	DRAWDOWN ACCOUNT:	\$160.00
EXPEDITED HANDLING:	\$25.00	REFUND DUE:	\$0.00

**STATE OF NEW YORK
DEPARTMENT OF STATE**

I hereby certify that the annexed copy for SOCIAL CURRENT, File Number 211005003222 has been compared with the original document in the custody of the Secretary of State and that the same is true copy of said original.

WITNESS my hand and official seal of the Department of State, at the City of Albany, on October 05, 2021.



Brendan C. Hughes

Brendan C. Hughes
Executive Deputy Secretary of State



**Division of Corporations,
State Records and
Uniform Commercial Code**

New York State
Department of State
Division of Corporations,
State Records and
Uniform Commercial Code
One Commerce Plaza
99 Washington Avenue
Albany, NY 12231
www.dos.ny.gov

Certificate of Assumed Name

(Pursuant to General Business Law §130)

1. REAL NAME OF ENTITY:

Council on Accreditation for Children and Family Services, Inc.

1a. FICTITIOUS NAME, IF ANY, OF FOREIGN ENTITY (Not Assumed Name):

2. THE ENTITY WAS FORMED OR AUTHORIZED UNDER THE FOLLOWING NEW YORK LAW (Check one):

- Business Corporation Law
- Limited Liability Company Law
- Religious Corporations Law
- Education Law
- Not-for-Profit Corporation Law
- Revised Limited Partnership Act
- Other (specify law): _____

3. ASSUMED NAME OF ENTITY:

Social Current

4. PRINCIPAL PLACE OF BUSINESS IN NEW YORK STATE (MUST INCLUDE NUMBER AND STREET). IF NONE, CHECK THIS BOX AND PROVIDE OUT-OF- STATE ADDRESS:

648 N. Plankinton Avenue, Suite 425, Milwaukee, WI 53203

5. COUNTY(IES) IN WHICH ENTITY DOES OR INTENDS TO DO BUSINESS:

ALL COUNTIES (or check applicable county(ies) below)

- | | | | | | | | |
|-----------------------------------|--------------------------------------|-------------------------------------|---------------------------------------|-----------------------------------|------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Albany | <input type="checkbox"/> Cattaraugus | <input type="checkbox"/> Chenango | <input type="checkbox"/> Delaware | <input type="checkbox"/> Franklin | <input type="checkbox"/> Hamilton | <input type="checkbox"/> Lewis | <input type="checkbox"/> Montgomery |
| <input type="checkbox"/> Allegany | <input type="checkbox"/> Cayuga | <input type="checkbox"/> Clinton | <input type="checkbox"/> Dutchess | <input type="checkbox"/> Fulton | <input type="checkbox"/> Herkimer | <input type="checkbox"/> Livingston | <input type="checkbox"/> Nassau |
| <input type="checkbox"/> Bronx | <input type="checkbox"/> Chautauqua | <input type="checkbox"/> Columbia | <input type="checkbox"/> Erie | <input type="checkbox"/> Genesee | <input type="checkbox"/> Jefferson | <input type="checkbox"/> Madison | <input checked="" type="checkbox"/> New York |
| <input type="checkbox"/> Broome | <input type="checkbox"/> Chemung | <input type="checkbox"/> Cortland | <input type="checkbox"/> Essex | <input type="checkbox"/> Greene | <input type="checkbox"/> Kings | <input type="checkbox"/> Monroe | <input type="checkbox"/> Niagara |
| <input type="checkbox"/> Oneida | <input type="checkbox"/> Orleans | <input type="checkbox"/> Queens | <input type="checkbox"/> St. Lawrence | <input type="checkbox"/> Schuyler | <input type="checkbox"/> Sullivan | <input type="checkbox"/> Warren | <input type="checkbox"/> Wyoming |
| <input type="checkbox"/> Onondaga | <input type="checkbox"/> Oswego | <input type="checkbox"/> Rensselaer | <input type="checkbox"/> Saratoga | <input type="checkbox"/> Seneca | <input type="checkbox"/> Tioga | <input type="checkbox"/> Washington | <input type="checkbox"/> Yates |
| <input type="checkbox"/> Ontario | <input type="checkbox"/> Otsego | <input type="checkbox"/> Richmond | <input type="checkbox"/> Schenectady | <input type="checkbox"/> Steuben | <input type="checkbox"/> Tompkins | <input type="checkbox"/> Wayne | |
| <input type="checkbox"/> Orange | <input type="checkbox"/> Putnam | <input type="checkbox"/> Rockland | <input type="checkbox"/> Schoharie | <input type="checkbox"/> Suffolk | <input type="checkbox"/> Ulster | <input type="checkbox"/> Westchester | |

6. ADDRESS OF EACH LOCATION, INCLUDING NUMBER AND STREET, IF ANY, OF EACH PLACE WHERE THE ENTITY CARRIES ON, CONDUCTS OR TRANSACTS BUSINESS IN NEW YORK STATE. (Use page 2 if needed. The address(es) must be a number and street, city, state and zip code. The address(es) must be within the county(ies) indicated in paragraph 5.) If none, check this box : No New York State Business Location.

Print or Type Name of Signer: Jody Levison-Johnson

Signature:

Capacity of Signer (Check one): Authorized Person Officer of the Corporation General Partner of the Limited Partnership Member of the Limited Liability Company Manager of the Limited Liability Company

Filed with the NYS Department of State on 10/05/2021
Filing Number: 211005003222 DOS ID: 6296697

