Date: 11/05/20 Time: 12:22 PM Page: 01/06 To: 18506176383 From: 12147128131

# Division of Corporations 10/28/2020

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(((H20000375262 3)))



H200003752623ABC.

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### FOREIGN PROFIT/NONPROFIT CORPORATION AMERICAN NURSES! ASSOCIATION

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November 5, 2020

FLORIDA DEPARTMENT OF STATE

Division of Corporations

LEGALINC CORPORATE SERVIVES INC.

SUBJECT: AMERICAN NURSES'ASSOCIATION

REF: W20000127638

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name that from DC should be on the first line without the suffix. The alternate name for Florida should be on the second line with the INC.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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Tracy L Lemieux Regulatory Specialist II FAX Aud. #: H20000375262 Letter Number: 020A00022159 To: 18506176383 From: 12147128131 Date: 11/05/20 Time: 12:22 PM Page: 03/06

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## 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:

7112 07.1113 07.				
AMERICAN	NURSES' ASSOCIATION		WOODDOD ATTION!	Annulations of libra
(Name of corpor import in langua in the name at p	ration: must include the word "IN ige as will clearly indicate that it i resent. "Company" or "Co." may	CORPORATED" or is a corporation instead of the used as a corporation in the used as a corp	"CORPORATION" or words or all ad of a natural person or partnership porate suffix by a nonprofit corpora	p if not so contained tion.)
American Ma	recor' Association Inc			
(If name unava	illable in Florida, enter alternate c	orporate name adop	ted for the purpose of transacting bi	isiness in Florida)
District of Co	lumbia	3.		
(C	and a standard to the land of which it is it	ncorporated)	(FEI number, if applicable	e)
05-03-1917		5		
·(D	Date of Incorporation)	<del></del>	(Date of duration, if other than	perpetual)
			(Date of duration, if other than as 617,1507 & 617,1502, F.S. to dete	792
). (Data tiret cond	noted offgire in Florida if prior to re	eistration. See sectio	ns 617,1501 & 617,1502, F.S. to dete	rmine penalty liability.)
8515 Georgia	Avenue , Suite 400 , Silver Spring	3, MD, US, 20910	eet address)	1 1
		(Principal office stre	eet address)	m - Ui ·
				(1) 型(1)
		urrent mailing addre	ss. if different)	
	(0)	manning address	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	PH 4: 47
g promote the pi	rofessional and educational advan	cement of nurses.		<u></u>
(Purpose(s) of	corporation authorized in home st	ate or country to be	carried out in the state of Florida)	
	. 11 EPI-side analatan	rd aganti (P.O. Ba	NOT acceptable)	
9. Name and <u>str</u>	eet address of Florida registere	agent: (P.O. Do.	MOI acceptable)	
Nloneno	LEGALINC CORPORATE SEF	RVICES INC.		
Name:	LEGALINC CORPORATE SEE 5237 SUMMERLIN COMMON	S BLVD, SUITE 40	00	_
Jiffice Address.	FORT MYERS	. [-	orida 33907 (Zip Code)	_
	(City)	, , , , , , , , , , , , , , , , , , ,	(Zip Code)	
10. Registered	l agent's acceptance:			
		to accept service o	f process for the above stated co	orporation at the place to get in this capacity. I
			as registered agent and agree to the to the proper and complete p in as registered agent.	
		222	s signature)	
		(Registered agent	s signature)	
11. Attached is	a certificate of existence duly	authenticated, not	more than 90 days prior to deliv	very 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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12. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTOR	us .		Stephanie Pierce
□Chairman	Name: Ernest Grant	□Chairmen	Name:
□Vice Chairman	Address: 8515 Georgia Avenue, Suite 400	[TVice Chairman	Address: 3515 Georgia Avenue , Suite 400
□Director	Silver Spring, MD, 20910	Director	Silver Spring, MD, 20910
<b>≅</b> President		President	
□Vice President		□Vice President	
☐ Secretary	Treasurer	■ Secretary	□Treasurer
Other:	Other:	□Other:	Other:
□Chairman	Jennifer Mensik	□Chairman	Varsha Singh
□Vice Chairman	Address: 8515 Georgia Avenue , Suite 400	□Vice Chairman	Address: 8515 Georgia Avenue , Suite 400
Director	Silver Spring, MD, 20910	■Director	Silver Spring, MD, 20910
President		□President	di du
□Vice President		□Vice President	TO 10
□ Secretary	Treasurer	☐ Secretary	CT 19
☐Other:	☐ Other:	□Other:	** ± 1.
□Chairman	Jeff Watson	□Cheirman	Jennifer Gil
□Vice Chairman	Address: 8515 Georgia Avenue , Suite 400	□Vice Chairman	Address: 8515 Georgia Avenue , Suite 400
■Director	Silver Spring, MD, 20910	■Director	Silver Spring, MD, 20910
□President		□President	
□Vice President		□Vice President	
□ Secretary	□Treasurer	□ Secretary	☐ Treasurer
□Other:	Other:	Other:	Other:
Non-indexed indi	Notice: Use an attachment to report more than s viduals may be added to the index when filing you (Signature of Chairman, Vice Chairman, or any of the Provident	ır Florida Department -	of State Annual Report form.
14. Ernest Gran	(Typed or printed name and capacity of	person signing applicat	tion)

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### Attachment for AMERICAN NURSES' ASSOCIATION

12A, Directors (continued):

Director: Marcus Henderson, 8515 Georgia Avenue , Suite 400 , Silver Spring, MD, US, 20910 Director: Tonisha J. Melvin, 8515 Georgia Avenue , Suite 400 , Silver Spring, MD, US, 20910

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Initial File #: 014586 Entity Type: Non-Profit Corporation

### GOVERNMENT OF THE DISTRICT OF COLUMBIA

DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS CORPORATIONS DIVISION



#### CERTIFICATE

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

#### AMERICAN NURSES' ASSOCIATION

WE FURTHER CERTIFY that the domestic entity is formed under the law of the District on 05/03/1917; that all fees, and pupiling quadratic the District on 05/03/1917: 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 10/28/2020 3:30 PM

Muriel Bowser Mayor

Tracking #: VETYnhkw

Business and Professional Licensing Administration

JOSEF G. GASIMOV Superintendent of Corporations, Corporations Division