

F24000000544

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

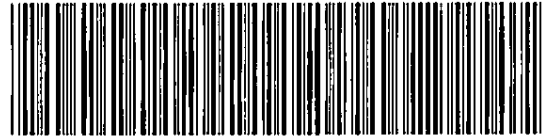
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600421099386

2024 JAN 31 PM 5:43
FILED

2024 JAN 31 AM 10:32
RECEIVED

JAN 31 2024
K. Brumley

CT CORP
(850) 656- 4724
3458 lakesore Drive
Tallahassee, FL 32312

Date: 01/31/2024

Acc#120160000072

eric DW

| | |
|-------------|---|
| Name: | Society of Corporate Compliance and Ethics & Health Care Compliance Association |
| Document #: | |
| Order #: | 15346501 |

| | | |
|-----------------------------------|--------------------------|-------------------------|
| Certified Copy of Arts & Amend: | <input type="checkbox"/> | |
| Plain Copy: | <input type="checkbox"/> | |
| Certificate of Good Standing: | <input type="checkbox"/> | |
| Certified Copy of | <input type="checkbox"/> | |
| Apostille/Notarial Certification: | <input type="checkbox"/> | Country of Destination: |
| | | Number of Certs: |

| | |
|---|--|
| Filing: <input checked="" type="checkbox"/> | Certified: <input checked="" type="checkbox"/> |
| | Plain: <input type="checkbox"/> |
| | COGS: <input type="checkbox"/> |

Email Address for Annual Report Notifications:

Availability _____
 Document _____
 Examiner _____
 Updater _____
 Verifier _____
 W.P. Verifier _____
 Ref# _____

Amount: \$ **78.75**

Thank you!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Society of Corporate Compliance and Ethics & Health Care Compliance Association, Inc.
Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Nicole Wicbold

Name of Person

Nilan Johnson Lewis P.A.

Firm/Company

250 S. Marquette Ave.

Suite 800

Address

Minneapolis, MN 55401

City/State and Zip Code

John.Gilje@corporatecompliance.org

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nicole Wicbold

at (612) 305-7533

Name of Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- \$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status \$78.75 Filing Fee & Certified Copy \$87.50 Filing Fee, 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:

1. Society of Corporate Compliance and Ethics & Health Care Compliance Association, Inc.
 (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.)
 Society of Corporate Compliance and Ethics & Health Care Compliance Association, Inc.
 (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Minnesota 3. 90-0778759
 (State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 11/22/2011 5. _____
 (Date of Incorporation) (Date of duration, if other than perpetual)

6. September 1, 2023
 (Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 6462 City West Pkwy, Eden Prairie, MN 55344
 (Principal office street address)

 (Current mailing address, if different)

8. See attached Exhibit A.
 (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: C T Corporation System
 Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
 (City) (Zip Code)

2024 JAN 31 PM 5:43

RECEIVED
 JAN 31 2024

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.

Scott A. White Scott A. White, Asst. Secretary January 25, 2024
 (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.

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 Exhibit B

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: See Exhibit B

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: See Exhibit B

Vice Chairman Address: _____

Director _____

President _____

Vice President _____

Secretary Treasurer

Other: _____ Other: _____

Chairman Name: _____

Vice Chairman Address: _____

Director _____

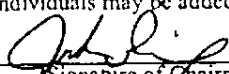
President _____

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. 
 (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. John Gilje, Chief Financial Officer
 (Typed or printed name and capacity of person signing application)

Exhibit A

Section 8, Purpose

This corporation is organized as a nonprofit business league, chamber of commerce or trade association within the meaning of Section 501(c)(6) of the Internal Revenue Code of 1986, as amended (the "Code"), or such other provisions of Minnesota or Federal law as may from time to time be applicable. The general purposes of this corporation are, but not by way of limitation, to promote the development of effective compliance and ethics programs, to promote awareness of the benefits associated with effective compliance and ethics programs, to provide for the exchange of ideas and information regarding developments in the law regarding effective compliance and ethics programs, and to provide educational forums and information to professionals.

Exhibit B

Directors and Officers

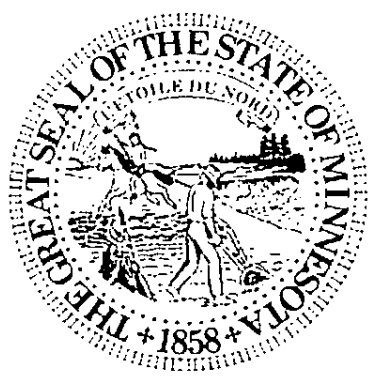
| Name | Address | Title |
|----------------|--|--|
| R. Brett Short | 6462 City West Pkwy. Eden Prairie, MN 55344 | Director and President |
| Louis Perold | 6462 City West Pkwy. Eden Prairie, MN 55344 | Director and Vice President |
| Greg Triguba | 6462 City West Pkwy. Eden Prairie, MN 55344 | Director and Second Vice President |
| Gerard Zack | 6462 City West Pkwy. Eden Prairie, MN 55344 | Ex-Officio Board Member and Chief Executive Officer |
| John Gilje | 6462 City West Pkwy. Eden Prairie, MN 55344 | Chief Financial Officer |
| Niurka Adomo | 6462 City West Pkwy. Eden Prairie, MN 55344 | Director and Secretary |

**Office of the Minnesota Secretary of State
Certificate of Good Standing**

I, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name: Society of Corporate Compliance and Ethics
& Health Care Compliance Association
Date Filed: 11/22/2011
File Number: 453908700027
Minnesota Statutes, Chapter: 317A
Home Jurisdiction: Minnesota

This certificate has been issued on: 01/22/2024



Steve Simon
Steve Simon
Secretary of State
State of Minnesota