

F11000004945

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

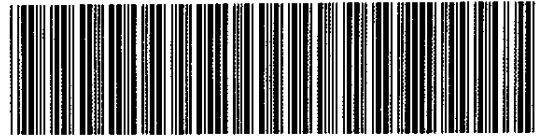
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700214358577

11/18/11--01047--006 **87.50

12/08/11--01001--001 **806.25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 DEC -5 AM 11:11

RECEIVED
AND
FILED

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Alpha-1 Antitrypsin Deficiency 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 Good Standing" 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:

Marlene S. Erven

Name of Person

Alpha-1 Antitrypsin Deficiency Association Inc.

Firm/Company

DBA - Alpha-1 Association

2937 S.W. 27th Avenue, Suite 106

Address

Miami, Florida 33133

City/State and Zip Code

mservern@alpha1.org

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

For further information concerning this matter, please call:

Louise Koonce

Name of Person

at (305)

648-0088 x16

Area Code & Daytime Telephone Number

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 7, 2011

MARLENE S. ERVEN
2937 S.W. 27TH AVENUE, SUITE 106
MIAMI, FL 33131

SUBJECT: ALPHA - 1 ANTITRYPSIN DEFICIENCY ASSOCIATION INC.
Ref. Number: W11000058885

We have received your document for ALPHA - 1 ANTITRYPSIN DEFICIENCY ASSOCIATION INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please give me a call concerning the above name at the number listed below.

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

If you have any questions concerning the filing of your document, please call (850) 245-6962.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 311A00026309

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. Alpha-1 Antitrypsin Deficiency 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.)
2. Minnesota 3. 41-1712790
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 6/7/1991 5. Perpetual
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. June 2006
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)
7. 2937 S.W. 27th Avenue, Suite 106, Miami, Florida 33133
(Principal office address)
- Same as Above
(Current mailing address)

8. Provide Education, Advocacy & Support for those affected by Alpha-1 Antitrypsin Deficiency
(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: Marlene S. Erven

Office Address: 2937 S.W. 27th Ave, Ste. 106

Miami, Florida 33133
(City) (Zip Code)

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.



(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.

11 DEC -5 AM 11:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

APPROVED
AND
FILED

12. Names and addresses of officers and/or directors:

11 DEC -5 AM 11:11

A. DIRECTORSSECRETARY OF STATE
TALLAHASSEE, FLORIDAChairman: Kenneth BensonAddress: 22621 Enadia Way, West Hills, CA 91307Vice Chairman: Jen ChildressAddress: 2846 N. 74th Street, Milwaukee, WI 53210Director: Marlene S. Erven - Executive DirectorAddress: Alpha-1 Association, 2937 S.W. 27th Avenue, Suite 106, Miami, FL 33133Director: See Attached List for Remaining Executive Committee & Board Members

Address: _____

B. OFFICERS

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. _____

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

14. _____

Marlene S. Erven, Executive Director

(Typed or printed name and capacity of person signing application)

Alpha-1

Association 

Board of Directors 2012 Fiscal Year

Executive Committee

Kenneth Benson
Chair
22621 Enadia Way
West Hills, CA 91307
Home: 818-340-8987
kenneth.benson@sbcglobal.net

Jen Childress Bauernfeind
Vice Chair
2809 N 69th Street
Milwaukee, WI 53210
414-916-7109
Personal email: jenabur1972@gmail.com
Work email: jennifer.bauernfeind@fisglobal.com

Henry Moehring
Treasurer
18109 Parreco Farm Dr.
Germantown, MD 20874
301-916-3921
hmoehring@asbury.org

Dell Witcher
Secretary
409 Vesclub Lane
Vestavia Hills, AL 35216
Home: 205-823-5099
Cell: 205-706-9233
dellwitcher@att.net
jdwl960@gmail.com
dellwitcher@gmail.com

Jan Petersen
Past Chair
32351 Nob Hill Drive
Avon, MN 56310
Home: (320) 356-2160
Office: (320) 356-4112
Cell: (320) 260-8316
ian.f.petersen@gmail.com

Board Members

Julia Torres Barden
4060 Indian Road
Toledo, OH 43606
804-683-9016
juliabarden@bex.net

Thomas Corron
2319 Kerrigans Way
Fort Wayne IN 46815-8737
Home: 260-245-0199
Cell: 515-745-2043
tcorron@live.com

Sandra Douglas
8297 Reese Rd
Clarkston, MI 48348
Home: 248-520-9743
Cell: 248-240-4602
saridouglas@comcast.net

Karen Erickson
1989 Shoemaker Lane
Newbury Park, CA 91320
Home: 805-573-0653
kerick17@hotmail.com

Michael J. Krowka, MD
Mayo Clinic
200 1st Street SW
Rochester, MN 55905
Work: 507-284-3764
Fax: 507-266-4372
Krowka.michael@mayo.edu

Karen Voss
Cell: 515 971-7163
Work: 641 269-4878
voss@grinnell.edu

DC Young
1195 S. Westfield Road
Toquerville, UT 84774
435- 705-4902
dcytoquer@hi-speed.us

ATTACHED
AND
FILED

11 DEC -5 AM 11:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

11 DEC -5 AM 11:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**Office of the Minnesota Secretary of State
Certificate of Good Standing**

I, Mark Ritchie, 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: ALPHA 1 ANTITRYPSIN DEFICIENCY ASSOCIATION

Date filed: 6/7/1991

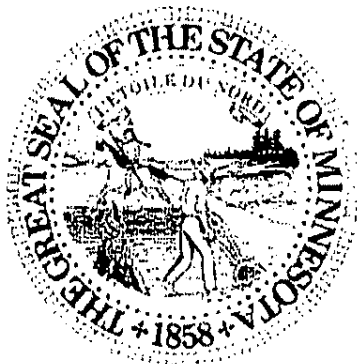
File Number: 1G-215

Minnesota Statutes, Chapter: 317A

Home Jurisdiction: Minnesota

This certificate reflects data thru: 09/06/2011

This certificate has been issued on: 10/19/2011

*Mark Ritchie*

Mark Ritchie
Secretary of State
State of Minnesota