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TALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: U.S. Aquaculture Suppliers 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:

Paul Zajicek

Name of Person

U.S. Aquaculture Suppliers Association

Firm/Company

PO Box 12759

Address

Tallahassee, FL 32308

City/State and Zip Code

aquaculturesuppliers@thenaa.net

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

For further information concerning this matter, please call:

Paul Zajicek

Name of Person

at (850) 216-2400

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

**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. **U.S. Aquaculture Suppliers 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.)

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. **Arkansas**

(State or country under the law of which it is incorporated)

3. **64-0777638**

(FEI number, if applicable)

4. **August 3, 1990**

(Date of Incorporation)

5. **perpetual**

(Duration: Year corp. will cease to exist or "perpetual")

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

7. **4483 Argyle Lane, Tallahassee, FL 32309**

(Principal office address)

PO Box 12759, Tallahassee, FL 32308

(Current mailing address)

8. **Advocate and promote aquaculture production equipment and services.**

(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: **Paul Zajicek**

Office Address: **4543 Argyle Lane**

Tallahassee, Florida **32309**

(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.

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12. Names and addresses of officers and/or directors

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A. DIRECTORS

Chairman: _____

Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Cathie Griffin

Address: Red Ewald, Inc., PO Box 519, Karnes City, TX 78118

Vice President: Tony Robertson

Address: Poly Dome/Poly Tank, Inc., 62824 250th Street, Litchfield MN 55355

Secretary: Rick Martin

Address: Fish Farming News, PO Box 600, Deer Isle ME 04627

Treasurer: Cameron Bell

Address: Eager, Inc., PO Box 540476, North Salt Lake UT 84054

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

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

14. Cathie Griffin, President
(Typed or printed name and capacity of person signing application)



**Arkansas Secretary of State
Mark Martin**

State Capitol Building ♦ Little Rock, Arkansas 72201-1094 ♦ 501-682-3409

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TALLAHASSEE, FLORIDA

Certificate of Good Standing

I, Mark Martin, Secretary of State of the State of Arkansas, and as such, keeper of the records of domestic and foreign corporations, do hereby certify that the records of this office show

U. S. AQUACULTURE SUPPLIERS ASSOCIATION

authorized to transact business in the State of Arkansas as a Non-Profit Corporation, filed Articles of Incorporation in this office August 3, 1990.

Our records reflect that said entity, having complied with all statutory requirements in the State of Arkansas, is qualified to transact business in this State.



In Testimony Whereof, I have hereunto set my hand and affixed my official Seal. Done at my office in the City of Little Rock, this 17th day of December 2014.

Mark Martin

Mark Martin

Secretary of State

Online Certificate Authorization Code: e8dbfbfa0616aa3

To verify the Authorization Code, visit sos.arkansas.gov