

F18000002071

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

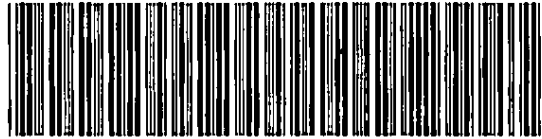
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000310338630

03/14/18--01014--012 **78.75

FILED
2018 MAY -3 AM 11:10
CLERK OF SUPERIOR COURT
TALLAHASSEE FLORIDA

MAY 03 2018
J. HARRIS

W18-2538-81M

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: National Association of FSA County Office Employees (NASCOE)
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Marcinda Kester
Name of Person
NASCOE Secretary
Firm/Company
5453 Limestone Lane
Address
Lakeland FL 33809
City/State and Zip code
nascoesec@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marcinda Kester at (859) 553-1774
Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

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

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

March 29, 2018

MARCINDA KESTER
5453 LIMESTONE LANE
LAKELAND, FL 33809

SUBJECT: NATIONAL ASSOCIATION OF FSA COUNTY OFFICE
EMPLOYEES INC.
Ref. Number: W18000025383

We have received your document for NATIONAL ASSOCIATION OF FSA
COUNTY OFFICE EMPLOYEES INC. and your check(s) totaling \$78.75.
However, the enclosed document has not been filed and is being returned for the
following correction(s):

The jurisdiction under the laws of which the entity is incorporated or organized
must be included in the document.

Letter explaining reason for removing date first transacted business in Florida is
missing.

Please return 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) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 118A00006329

RECEIVED

2018 MAY -3 AM 10:20

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2018 MAY -3 PM 11:11

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
2018 MAR 28 AM 9:39
DIVISION OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

March 15, 2018

MARCINDA KESTER
5453 LIMESTONE LANE
LAKELAND, FL 33809

SUBJECT: NATIONAL ASSOCIATION OF FSA COUNTY OFFICE
EMPLOYEES INC.
Ref. Number: W18000025383

We have received your document for NATIONAL ASSOCIATION OF FSA COUNTY OFFICE EMPLOYEES INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$650.00.

The jurisdiction under the laws of which the entity is incorporated or organized must be included in the document.

Please return 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) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 918A00005289

May 1, 2018

NASCOE

Marcinda Kester, Secretary
5453 Limestone Lane
Lakeland FL 33809

SUBJECT: NATIONAL ASSOCIATION OF FSA COUNTY OFFICE EMPLOYEES INC

Dear Ms. Harris,

The National Association of FSA County Office Employees was previously administered out of the State of Wisconsin. The previous Secretary allowed the standings of the Association to lapse with the State of Wisconsin therefore when I took over as Secretary I had to correct the error and get the Association back into good standing. When I originally submitted the request to the State of Florida the date I submitted was the date that I was elected as Secretary however that date was incorrect because we were still conducting business in the State of Wisconsin. I called your office to inquire as to the correct date to put on the form and the lady that answered the phone told me to just white out the date and resubmit. We have not started conducting business in the State of Florida as we are waiting for the State to recognize our corporation. Please advise if you need additional information.

Sincerely,



Marcinda Kester
NASCOE, Secretary

FILED
2018 MAY -3 AM 11:12
CLERK OF CIRCUIT COURT
TALLAHASSEE, FLORIDA

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. National Association of FSA County Office Employees Inc
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co." or "Corp.")

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

2. Florida WI 3. 59-6143364
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 03/19/2012 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 5453 Limestone Lane; Lakeland FL 33809
(Principal office address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Marcinda Kester

Office Address: 5453 Limestone Lane

Lakeland , Florida 33809
(City) (Zip code)

FILED
2016 MAY -3 AM 11:18
DEPT OF STATE
TALLAHASSEE FLORIDA

9. 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.

Marcinda Kester
(Registered agent's signature)

10. 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. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Dennis Ray

Address: 2239 Bainbridge Rd

Jackson MO 63755

Vice President: Brandon Wilson

Address: 1654 2nd Rd

Waterville KS 66548

Secretary: Marcinda Kester

Address: 5453 Limestone Lane; Lakeland FL 33809

Treasurer: Curt Houk

Address: 21189 Highway 34; Blakesburg IA 52536

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

12. Marcinda Kester, Secretary
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. Marcinda Kester, Secretary

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

United States of America

State of Wisconsin

DEPARTMENT OF FINANCIAL INSTITUTIONS

Division of Corporate & Consumer Services



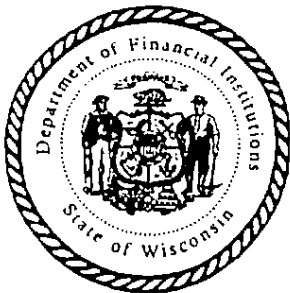
To All to Whom These Presents Shall Come, Greeting:

I, Mary Ann McCoshen, Administrator of the Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

NATIONAL ASSOCIATION OF FSA COUNTY OFFICE EMPLOYEES INC.

is a foreign corporation or foreign limited liability company authorized or registered to transact business in Wisconsin and that its date of qualification or registration is August 30, 2016.

I further certify that said organization has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 181.1622 or 183.0120, Wis. Stats.; that it has not applied for a certificate of withdrawal under ss. 180.1520, 181.1520 or 183.1011, Wis. Stats.; and that it is not the subject of a proceeding under ss. 180.1531, 181.1531 or 183.1021, Wis. Stats., to revoke its certificate of authority or registration.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on March 06, 2018.

A handwritten signature in black ink, reading "Mary Ann McCoshen".

MARY ANN MCCOSHEN, Administrator
Division of Corporate and Consumer Services
Department of Financial Institutions

DFI/Corp/33

To validate the authenticity of this certificate

Visit this web address: <http://www.wdfi.org/apps/ccs/verify/>

Enter this code: 215906-EB9C5E68