

F19 000004932

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

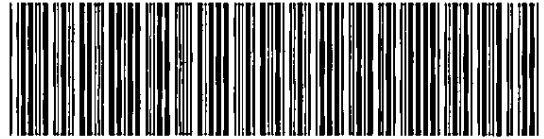
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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T. CLINE

OCT 31

EXAMINER

2019 OCT 30 PM 1:59
CLERK OF STATE
TALLAHASSEE, FLORIDA
LED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 15, 2019

MEAGAN COLLINS
PO BOX 332
PORT RICHEY, FL 34673

SUBJECT: ACCREDITED CERTIFIERS ASSOCIATION, INC.
Ref. Number: W19000091341

We have received your document for ACCREDITED CERTIFIERS ASSOCIATION, INC. and your check(s) totaling \$78.75. However, the document has not been filed and is being retained in this office for the following:

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Tammi Cline
Regulatory Specialist III

Letter Number: 619A00021188

FILED
2019 OCT 30 PM 1:59
FLORIDA DEPARTMENT OF STATE
TAMMIE CLINE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Accredited Certifiers 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:

Meagan Collins

Name of Person

Accredited Certifiers Association, Inc.

Firm/Company

PO Box 332

Address

Port Richey, FL

City/State and Zip Code

meagan@accreditedcertifiers.org

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

For further information concerning this matter, please call:

Meagan Collins

Name of Person

at (727)

Area Code

271-3405

Daytime Telephone Number

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

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

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

2019 OCT 30 PM 1:59
CLERK OF STATE
TALLAHASSEE, FL 32301

FILED

**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. Accredited Certifiers 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. Vermont, USA 3. 20-1327556
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. November 3, 2006 5. _____
(Date of Incorporation) (Date of duration, if other than perpetual)

6. September 10, 2019
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 11211 Tamarix Ave. Port Richey, FL 34668
(Principal office street address)

PO Box 332 Port Richey, FL 34673
(Current mailing address, if different)

8. Collaboration & education of accredited certification agencies for consistent implementation of Organic Regulations.
(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: Meagan Collins

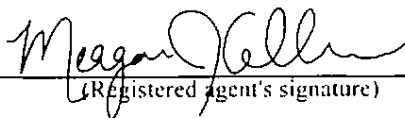
Office Address: 11211 Tamarix Ave
Port Richey, Florida 34668
(City) (Zip Code)

2018 OCT 30 PM 1:59
DEPT. OF STATE
TAMPA, FL 33607

FILED

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.

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: Sam Welsch
☐ Vice Chairman Address: 1021 D Street
☐ Director Lincoln, NE 68502
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer _____
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Andy Hupp
☐ Vice Chairman Address: 41 Crosswell Road
☐ Director Columbus, OH 43214
☐ President _____
☐ Vice President _____
☐ Secretary ☒ Treasurer _____
☐ Other: _____ ☐ Other: _____

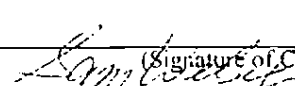
☐ Chairman Name: Beth Rota
☒ Vice Chairman Address: 5700 SW 34th Street, STE 349
☐ Director Gainesville, FL 32608
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer _____
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Amber Pool
☐ Vice Chairman Address: 2155 Delaware Ave. STE 150
☐ Director Santa Cruz, CA 95060
☐ President _____
☐ Vice President _____
☒ Secretary ☐ Treasurer _____
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Kelly Abbott
☐ Vice Chairman Address: 2525 SE 3rd St.
☒ Director Corvallis, OR 97333
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer _____
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Jen Berkebile
☐ Vice Chairman Address: 106 School St. STE 201
☒ Director Spring Mills, PA 16875
☐ 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.  Digitally signed by Sam Welsch
 DN: cn=Sam Welsch, o=OneCert, Inc.
 (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
 Date: 2019.09.14 07:33:54 -05'00'

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

STATE OF VERMONT
OFFICE OF SECRETARY OF STATE

Certificate of Good Standing

I, James C. Condos, Vermont Secretary of State, do hereby certify that according to the records of this office

ACCREDITED CERTIFIERS ASSOCIATION INC.

a Domestic Non-profit Corporation formed under the laws of the State of VERMONT, was filed for record in this office on Jun 02, 2004.

I further certify that the company has perpetual duration, that its most recent annual report is on file, and that as of this date, articles of dissolution / withdrawal have not been filed.

October 16, 2019

Given under my hand and seal of office, at Montpelier, the State Capital.



James C. Condos
Vermont Secretary of State

Business ID: 0075528
Certificate Number: 2013636839001