

**CORPORATE
ACCESS,
INC.**

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236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: 11/21/2019

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GOOD STANDING

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Foreign Corp

1. **NATIONAL ASSOCIATION OF STATE PROCUREMENT OFFICIALS, INC.**

(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

FILED
NOV 21 2019
TALLAHASSEE, FL
STATE
4:50

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: National Association of State Procurement Officials, 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:

Jaclyn Wright

Name of Person

Registered Agent Solutions, Inc.

Firm/Company

1701 Directors Blvd., Suite 300

Address

Austin, TX 78744

City/State and Zip Code

wpyle@naspo.org

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

RECEIVED
TALLAHASSEE, FLORIDA
2019 NOV 21 PM 4:50

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For further information concerning this matter, please call:

Jaclyn Wright

at (888) 705-7274

Name of Person

Area Code

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

**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. National Association of State Procurement Officials, 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. Kentucky 3. 61-1227864
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 6/24/1993 5.
(Date of Incorporation) (Date of duration, if other than perpetual)

6. 9-23-19
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 110 West Vine Street, Suite 600, Lexington, KY 40507
(Principal office street address)

(Current mailing address, if different)

8. Help our members achieve success as public procurement leaders in their states
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

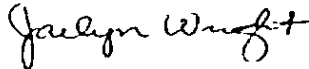
9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: Registered Agent Solutions, Inc.

Office Address: 155 Office Plaza Dr., Suite A
Tallahassee, Florida 32301
(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.



Jaclyn Wright, Asst. Secretary

(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: Michael Jones
☐ Vice Chairman Address: 100 North Union St, Ste 192
☒ Director Montgomery, AL 36104
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Christine Warnock
☐ Vice Chairman Address: 1500 Jefferson St
☒ Director Olympia, WA 98504
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Robert Gleason
☐ Vice Chairman Address: 45 Calvert Street, Suite 448
☒ Director Annapolis, MD 21401-1954
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Sarah Hilderbrand
☐ Vice Chairman Address: 650 W State St, Rm B15
☒ Director Boise, ID 83702
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Rosalyn Ingram
☐ Vice Chairman Address: 4050 Esplanade Way, Ste 360
☒ Director Tallahassee, FL 32399
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Kelly Sanders
☐ Vice Chairman Address: 4200 Surface Rd
☒ Director Columbus, OH 43228
☐ 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. Sarah Hilderbrand
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Sarah Hilderbrand, Director
(Typed or printed name and capacity of person signing application)

**Attachment to APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION
TO CONDUCT ITS AFFAIRS IN FLORIDA:**

National Association of State Procurement Officials, Inc.

12 (Continued) - names, titles and addresses of the primary officers and/or directors:

Director / Vice President - Jason Soza
333 Willoughby Ave, Floor 7, Juneau AK 99811

Director / Secretary - Carol Wilson
450 Columbus Blvd., Suite 1202, Hartford, CT 06103

Director / President - Lisa Eason
200 Piedmont Ave., Suite 1302 West Tower, Atlanta, GA 30334

Director - Betsy Hayes
50 Sherburne Ave., Suite 112, Saint Paul, MN 55155-1402

Director - Cindy Lombardi
1525 Sherman St., Floor 3, Denver, CO 80203

Director - Lawrence Maxwell
1100 St. Francis Dr., Room 2016, Santa Fe, NM 87505

2019 NOV 21 PM 4:50
TALLAHASSEE, FL 32301
STATE

Commonwealth of Kentucky
Alison Lundergan Grimes, Secretary of State

Alison Lundergan Grimes
Secretary of State
P. O. Box 718
Frankfort, KY 40602-0718
(502) 564-3490
<http://www.sos.ky.gov>

Certificate of Existence

Authentication number: 221250

Visit <https://app.sos.ky.gov/ftshow/certvalidate.aspx> to authenticate this certificate.

I, Alison Lundergan Grimes, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,


**NATIONAL ASSOCIATION OF STATE PROCUREMENT OFFICIALS,
INC.**

is a corporation duly incorporated and existing under KRS Chapter 14A and KRS Chapter 273, whose date of incorporation is June 24, 1993 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that Articles of Dissolution have not been filed; and that the most recent annual report required by KRS 14A.6-010 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 8th day of October, 2019, in the 228th year of the Commonwealth.




Alison Lundergan Grimes
Secretary of State
Commonwealth of Kentucky
221250/0316913