

F20000001221

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

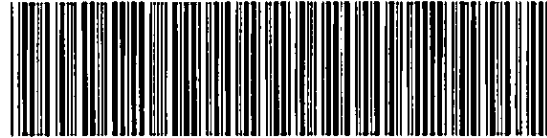
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ACRES Site Accreditation and Standards Institute, 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:

Larry Kennedy

Name of Person

ACRES Site Accreditation and Standards Institute, Inc.

Firm/Company

3872 N. Lake Orlando Parkway

Address

Orlando, FL 32808

City/State and Zip Code

lkennedy@acres-sasi.org

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

For further information concerning this matter, please call:

Larry Kennedy

at ( 407 )

257-2916

Name of Person

Area Code

Daytime Telephone Number

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

2023 FEB 26 11:54:47

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

(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)

6. Not yet started in Florida. Approval of this application will be the starting date.  
 (Date first conducted affairs in Florida if prior to registration. See sections 617.13(5) & 617.13(2), F.S., to determine penalty liability.)

Current mailing address, if different:

<https://icis.corp.delaware.gov/ecorp2/services/validate>

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12. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

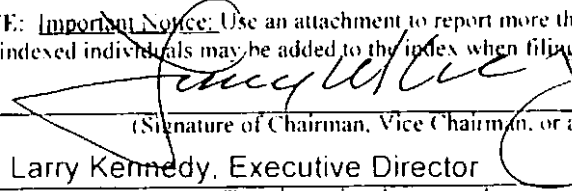
**A. DIRECTORS**

<input type="checkbox"/> Chairman	Name: <u>Larry Kennedy</u>	<input checked="" type="checkbox"/> Chairman	Name: <u>Briggs Morrison</u>
<input type="checkbox"/> Vice Chairman	Address: <u>3872 N. Lake Orlando Parkway,</u>	<input type="checkbox"/> Vice Chairman	Address: <u>Scotts Bldg.</u>
<input checked="" type="checkbox"/> Director / Ex. Director	<u>Orlando FL 32808</u>	<input type="checkbox"/> Director	<u>421 Merrimack St, Suite 204</u>
<input type="checkbox"/> President	_____	<input type="checkbox"/> President	<u>Methuen, MA 01884</u>
<input type="checkbox"/> Vice President	_____	<input type="checkbox"/> Vice President	_____
<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer	<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____

<input type="checkbox"/> Chairman	Name: <u>Terry Stubbs</u>	<input type="checkbox"/> Chairman	Name: <u>Steven Hirschfeld</u>
<input type="checkbox"/> Vice Chairman	Address: <u>Scotts Bldg.</u>	<input type="checkbox"/> Vice Chairman	Address: <u>Scotts Bldg.</u>
<input type="checkbox"/> Director	<u>421 Merrimack St, Suite 204</u>	<input type="checkbox"/> Director	<u>421 Merrimack St, Suite 204</u>
<input type="checkbox"/> President	<u>Methuen, MA 01884</u>	<input type="checkbox"/> President	<u>Methuen, MA 01884</u>
<input type="checkbox"/> Vice President	_____	<input type="checkbox"/> Vice President	_____
<input type="checkbox"/> Secretary	<input checked="" type="checkbox"/> Treasurer	<input checked="" type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____

<input type="checkbox"/> Chairman	Name: <u>Michael Brown</u>	<input type="checkbox"/> Chairman	Name: <u>Dennis LaCroix</u>
<input type="checkbox"/> Vice Chairman	Address: <u>Scotts Bldg.</u>	<input type="checkbox"/> Vice Chairman	Address: <u>Scotts Bldg.</u>
<input checked="" type="checkbox"/> Director	<u>421 Merrimack St, Suite 204</u>	<input checked="" type="checkbox"/> Director	<u>421 Merrimack St, Suite 204</u>
<input type="checkbox"/> President	<u>Methuen, MA 01884</u>	<input type="checkbox"/> President	<u>Methuen, MA 01884</u>
<input type="checkbox"/> Vice President	_____	<input type="checkbox"/> Vice President	_____
<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer	<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> 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.   
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Larry Kennedy, Executive Director  
(Typed or printed name and capacity of person signing application)

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ACRES SITE ACCREDITATION AND STANDARDS INSTITUTE, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTIETH DAY OF FEBRUARY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CORPORATION IS AN EXEMPT CORPORATION.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ACRES SITE ACCREDITATION AND STANDARDS INSTITUTE, INC." WAS INCORPORATED ON THE TWENTIETH DAY OF SEPTEMBER, A.D. 2019.

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Jeffrey W. Bullock, Secretary of State

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SR# 20201312959

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 202430955

Date: 02-20-20