

(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



900341218729

63/26.139--61015--668 \*\*87.56

2020 F. 125 11 9:47

T GLASS

MAR 0 7 2020

## **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:

Please make check payable to: FLORIDA DEPARTMENT OF STATE

□\$78.75 Filing Fee &

Certificate of Status

☐ \$70.00 Filing Fee

Larry Kennedy						
Nam	e of Person					
ACRES Site Accreditation an	ACRES Site Accreditation and Standards Institute, Inc.					
Firm/Company						
3872 N. Lake Orlando Parkway						
Address						
Orlando, FL 32808						
Čity/State	e and Zip Code					
lkennedy@acres-sasi.org						
E-mail address: (to be used for	or future annual report notification)					
For further information concerning this matter, pl	lease call:					
Larry Kennedy	1( 407 ) 257-2916					
Name of Person	t ( 407 ) 257-2916 Daytime Telephone Number					
Mailing Address:	Street Address:					
Registration Section	Registration Section					
Division of Corporations  Division of Corporations						
P.O. Box 6327	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810					
Tallahassee, Fl. 32314	Tallahassee, FL 32303					
Enclosed is a check for the following amount:						

□\$78.75 Filing Fee &

Certified Copy

⊠\$87.50 Filing Fee.

Certified Copy

Certificate of Status &

## 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 & FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT HIS AFFAIRS IN THE STATE OF FLORIDA

ACRES Site Accreditation and Standards Institute, Inc.		
Name of corporation, must include the word "INCORPORATED" or a upoit in language as will clearly indicate that it is a corporation instea the name at present "Company" or "Co" may not be used as a corporation.	d of a natural person or partnership it not so cot	Hike itained
Name is available		
If name unavailable in Florida, enter alternate corporate name adopte	d for the purpose of transacting business in Flor	ida)
Delaware, USA 3 84-3	088149	
(State of country under the law of which it is incorporated)	(TEI number, if applicable)	
September 20, 2019 5. Perp	petual	
(Date of Incorporation)	(Date of duration, if other than perpetual)	
Not yet started in Florida. Approval of this applica	$\tilde{h}t^{\frac{1}{2}}\tilde{f}\tilde{S}t^{\frac{1}{2}}(\tilde{X}\tilde{f}t^{\frac{1}{2}})/(80^{\frac{1}{2}}\tilde{f}(\tilde{X}))$ to determine penalty	habiti
3872 N. Lake Orlando Parkway, Orlando, FL 3280 (Principal office stree		
(Principal Office Street	<u>r</u> address)	
PO Box 540206 Orlando, FL 32854 (Address o	f Larry Kennedy, Ex. Director)	
(Current mailing address	if different)	
Review and Accreditation of Clinical Research Sit	es (See Delaware Docs Page 2)	2078 F
	NOT su contables	•3
ame and <u>street address</u> of Horida registered agent: (P.O. Box.)	acceptance	o`
ame and <u>street address</u> of Horida registered agent: (P.O. Box.)	W/I acceptance	۵۱ -
Name: Larry Kennedy		o\ 
ice Address: 3872 N. Lake Orlando Parkway	rida 32808	ο` -

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 issue 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.

## PLEASE NOTE THAT THE ATTACHED CERTIFYING DOCUMENT IS AN ORIGINAL AND NOT A PHOTOCOPY AND PRESENTED TO YOU AS RECEIVED.

THE INCORPORATION NUMBER IS: 7617323:

THE AUTHENTICATION NUMBER IS: 202430955

THE WEB ADDRESS FOR VALIDATION IS:

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

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

A. DIRECTO	RS		
□Chairman	Name: Larry Kennedy	X Chairman	Name: Briggs Morrison
□Vice Chairman	Address: 3872 N. Lake Orlando Parkway	Y, IVice Chairman	Address: Scotts Bldg.
MDirector / Ex.	Director Orlando FL 32808	Director	421 Merrimack St. Suite 204
□President		□President	Methuen, MA 01884
□Vice President	1 6 7 7 10 10 10 10 10 10 10 10 10 10 10 10 10	□Vice President	
□Secretary	☐ Freasurer	□Secretary	□ Treasurer
□Other:	☐ Other:	□ (Ther:	□Other.
□Chairman	Name: Terry Stubbs	□(Thairman	Name. Steven Hirschfeld
	Address: Scotts Bldg.		Address: Scotts Bldg.
□Vice Chairman		□ Vice Chairman	
□Director	421 Merrimack St, Suite 204	□Director	421 Merrimack St, Suite 204
□President	Methuen, MA 01884	□President	Methuen, MA 01884
□Vice President		□Vice Presidem	
☐ Secretary	X) Freasurer	XSecretary	D Freasure Co
□Other:	☐ Other:	□Other:	
			<u> </u>
□Chairman	Name: Michael Brown	⊟Chairman	Name. Dennis LaCroix
□Vice Chairman	Address: Scotts Bldg.	□Vice Chairman	Address: Scotts Bldg.
⊠Director	421 Merrimack St. Suite 204	XDirector	421 Merrimack St, Suite 204
□President	Methuen, MA 01884	□President	Methuen, MA 01884
□Vice President		□Vice President	
□Secretary	☐ Ireasurer	☐ Secretary	□Treasurer
□Other:		_lOther:	* lOther:
Non-indexed indi	Nouce: Use an attachment to report more than six to obtain may be added to the index when filing your Fl	s). The attachment v orida Department o	will be imaged for reporting purposes only. of State Annual Report form.
13.	(Signature of Chairman, Vice Chairman, or any office	er listed in number	12 of the application)
Larry Ke	nnedy, Executive Director	nn signing annlicati	on)

## Delaware The First State

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.

Jeffrey W Budlock, Secretary of

7617323 8300C SR# 20201312959

Authentication: 202430955

Date: 02-20-20