

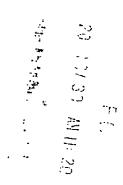
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TECOLOGY T. LEMEUN





November 4, 2020

GLORIA BAILEY ACRH HW ALASKA'S AHEC UAA, 3211 PROVIDEN DR BOX STE 250 ANCHORAGE. AK 99508

SUBJECT: NATIONAL AHEC ORANGIZATION NONPROFIT CORPORATION

Ref. Number: W20000127189

We have received your document for NATIONAL AHEC ORANGIZATION NONPROFIT CORPORATION and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Letter Number: 720A00022058

Tracy L Lemieux Regulatory Specialist II

www.sunbiz.org

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:

National AHE	C Organization Nonprofit Corporation					
(Name of corpor import in langua in the name at pr	ation: must include the word "INCORPO ge as will clearly indicate that it is a corp esent. "Company" or "Co." may not be u	DRATED" of coration instruction instruction instruction instruction in the coration in the cor	r "CORPORATION" or word ead of a natural person or par porate suffix by a nonprofit c	ls or abbrev tnership if i orporation.	riations not so c)	of like ontained
(If name unava	ilable in Florida, enter alternate corporate	e name adop	ted for the purpose of transac	ting busine	ess in F	lorida)
Colorado	try under the law of which it is incorpora	3. ⁸⁴⁻¹	418715			
(State or coun	try under the law of which it is incorpora	ated)	(FEI number, if app	plicable)		
4. July 17, 1997		5.				
(D	ate of Incorporation)		(Date of duration, if oth	ier than per	petual)	
6. 10-01-2020						
o. (Date first condu	icted affairs in Florida if prior to registration	m. See sectio	ns 617.1501 & 617.1502, F.S.	to determi	не репа	lty liability.
7 14646 NW 151	st. Blvd, Alachua, FL 32615					
·	(Princip	oal office <u>str</u>	eet address)			
7044 S. 13th St	reet Oak Creek, WI 53154					
	(Current m	nailing addre	ss, if different)			
g moving headqi	narters and association management comporation authorized in home state or co	pany to a fle	orida based company	<u></u>	20	
(Purpose(s) of o	corporation authorized in home state or co	ountry to be	carried out in the state of Flo	orida) 🔭	۔ ر	
0.31		n (D.O. Da	v NOT ogsantable)		્ર 31	
9. Name and str	eet address of Florida registered agen	и, (т.О. во	x <u>(vo r</u> acceptable)		3	
Name:	Suwannee River Area Health Education	Center		<u>.</u>	È:	
Office Address	14646 NW 151st Blvd					
Office Address.	Alachua	. Florida 32615			20	
	(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, further agree to comply with the provisions of all statutes relative to the proper and complete performance of my durand 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 dury authenticated, not more than 90 days prior to delivery of this applicatic 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, fist names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS	Dwain Harris	□ Chairm a n	Gloria Baiky		
■ Chairman	Name:		ACRH-HW- Alaska's AHEC		
TA LCC CITTLE	ice Chairman Address:		Uaa, 3211 Providence Drive		
☐Director —	omerset, KY 42503	Director	Boc 3 Suite 250		
□President _		President	Anchorage, AK 99508		
□Vice President _		□Vice President	☐ Freasurer		
Secretary	☐Treasurer	Secretary	C Cabar		
Other:	Other:	Other:	Uther		
			Jennifer Taylor		
Chairman	Name:	□Chairman □Vice Chairman	Name:Indiana AHEC Network		
□Vice Chairman	Address:		Address:		
☐ Director	101 Cowardin Ave, St. 201	Director	1110 W Michigan Street		
□President	Richmond, VA 23224	☐ President	Indianaplois, IN 46202		
		□Vice President	Indianapion, IV		
		Secretary	Treasurer		
□ Secretary	☐ Other:	Other:	Other:		
Otber:			Christina Mathis		
	Name:	Chairman	Name:Gulfcoast North AHEC, Inc.		
□ Chairman	Mid Rio Grande Border AHEC	□Vice Chairman	Address:		
☐ Vice Chairman	1505 Calle De None Ste 430		15901 Argerian Drive Suite 101		
Director	Laredo, TX 78041	□ President	Wesley Chapel, FL 33545		
□President		□ Vice Presiden			
□Vice President		Secretary	Treasurer		
☐Secretary ■Treasurer		Past-F ■Other:	President GOther:		
Other:		-			
NOTE: Import	ant Notice: Use an attachment to report more dividuals may be added to the index when filling	han six (6). The attachmong your Florida Departme	ent will be imaged for reporting purposes only ent of State Annual Report form.		
13.		any officer listed in num	ber 12 of the application)		
14 Dwain Ha	(Typed or printed name and capac	ny of person signing app	ication)		

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

11/17/2020

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

NATIONAL AHEC ORGANIZATION

is duly registered as a Pennsylvania Non-Profit (Non Stock) under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.

THE COARS

IN TESTEMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Secretary of the Commonwealth

Certification Number: TSC201117141537-1

Verify this certificate online at http://www.corporations.pa.gov/orders/verify