

F2100000/352

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

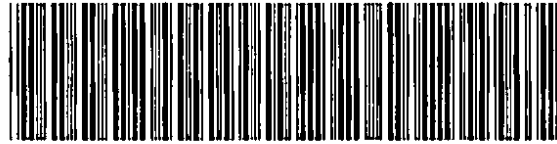
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19441

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INTERNATIONAL HERB ASSOCIATION
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:

MARGARET M POWELL
Name of Person

INTERNATIONAL HERB ASSOCIATION
Firm/Company

PO BOX 5667
Address

JACKSONVILLE, FL 32247
City/State and Zip Code

MARGE POWELL@AOL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARGE POWELL at (904) 614-7745
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 13, 2021

MARGARET M POWELL
P.O. BOX 5667
JACKSONVILLE, FL 32247

SUBJECT: INTERNATIONAL HERB ASSOCIATION
Ref. Number: W21000019442

We have received your document for INTERNATIONAL HERB ASSOCIATION and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 021A00003268

*Please see attached
I have added "INC"
M. Powell
3/2/21*

RECEIVED
MAR 04 2021

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. INTERNATIONAL HERB 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. PENNSYLVANIA 3. 23-2467039
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 6/22/1987 5. —
(Date of Incorporation) (Date of duration, if other than perpetual)

6. 1/28/2021
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S., to determine penalty liability.)

7. 43553 RATLIFF RD CALLAHAN, FL 32011
(Principal office street address)

PO Box 5667 JACKSONVILLE, FL 32247
(Current mailing address, if different)

8. to promote the production, marketing and use of herbs
and herb related products through education and research
(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: MARGARET M POWELL

Office Address: 43553 RATLIFF RD

CALLAHAN, Florida 32011
(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.

M Powell
(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: TINA MARIE WILCOX
☐ Vice Chairman Address: 197 VELVET LN
☐ Director LESLIE, AR 72645
☒ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: FAT KENNY
☐ Vice Chairman Address: 2914 BAXTER ST
☐ Director SILVER SPRING, MD
☐ President 20910
☒ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: KATHLEEN CONNOLLY
☐ Vice Chairman Address: 1104 MC 6041
☐ Director YELVILLE, AR 72687
☐ President _____
☐ Vice President _____
☒ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: MARGARET M POWELL
☐ Vice Chairman Address: 43553 RATLIFF RD
☐ Director CALLAHAN, FL 32011
☐ President _____
☐ Vice President _____
☐ Secretary ☒ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: BEN COHEN
☐ Vice Chairman Address: 2603 W OLSON RD
☐ Director SANFORD, MI 48657
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other: _____ ☐ Other: _____

☐ Chairman Name: GERT COLEMAN
☐ Vice Chairman Address: 3456 Hwy 35
☐ Director SCHENEVUS, NY 12155
☐ 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. Margaret M Powell
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. MARGARET M POWELL
(Typed or printed name and capacity of person signing application)

ATTACHMENT

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: Skue Sater
☐ Vice Chairman Address: 236 DARLINGTON AVE
☐ Director STATEN ISLAND, NY 10312
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other: _____ ☐ Other: _____

☐ Chairman Name: DIANN NANCE
☐ Vice Chairman Address: 3072 NICOLE RD
☐ Director CLARKSVILLE, TN 37040
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other: _____ ☐ Other: _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ 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. _____
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

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

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

02/04/2021

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

INTERNATIONAL HERB ASSOCIATION

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.



IN TESTIMONY 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

Kathleen Bookman

Secretary of the Commonwealth

Certification Number: TSC210204110859-1

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