

F22000000549

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

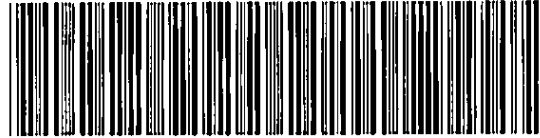
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

S. FRANKLIN

S. FRANKLIN

JAN 28 2022

Incorporating Services, Ltd.

1540 Glenway Drive

Tallahassee, FL 32301

850.656.7956

Fax: 850.656.7953

www.incserv.com

e-mail: accounting@incserv.com

incserv

ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau
mmoreau@incserv.com
850.656.7953

REQUEST DATE 1/27/2022

PRIORITY Regular Approval

OUR REF. # (Order ID#) 994490

ORDER ENTITY

AMERICAN SEXUAL HEALTH ASSOCIATION, INC.

PLEASE PERFORM THE FOLLOWING SERVICES:

AMERICAN SEXUAL HEALTH ASSOCIATION, INC. (FL)

File the attached foreign qualification document and provide a certificate of status.

NOTES:

\$78.75 Authorized

Email address for annual report reminders: Sandi@clasinfo.com/

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

**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. American Sexual Health 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. North Carolina 3. 94-2494435
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 10/29/1989 5.
(Date of Incorporation) (Date of duration, if other than perpetual)

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

7. 1005 Slater Rd STE 310, Durham, NC 27703
(Principal office address)

PO Box 13827, Research Park Triangle, NC 27709
(Current mailing address, if different)

8. The promotion of sexual health for individuals, families and communities.
(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 Agents Inc
Office Address: 7901 4th St N STE 300
St. Petersburg, Florida 33702
(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.



Bill Havre - Assistant 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.

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12. Names and addresses of officers and/or directors

A. DIRECTORS

Chairman: Asa Radix
Address: 1005 Slater Rd STE 310, Durham, NC 27703

Vice Chairman: _____
Address: _____

Director: Eric Wright
Address: 1005 Slater Rd STE 310, Durham, NC 27703

Director: Noor Abuanaldi
Address: 1005 Slater Rd STE 310, Durham, NC 27703

B. OFFICERS

President: Lynn Barclay
Address: 1005 Slater Rd STE 310, Durham, NC 27703

Vice President: _____
Address: _____

Secretary: Missy Orr
Address: 1005 Slater Rd STE 310, Durham, NC 27703

Treasurer: Missy Orr
Address: 1005 Slater Rd STE 310, Durham, NC 27703

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. [Signature]
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Lynn Barclay / President
(Typed or printed name and capacity of person signing application)

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NORTH CAROLINA

Department of the Secretary of State

CERTIFICATE OF EXISTENCE

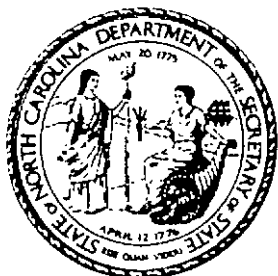
I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

AMERICAN SEXUAL HEALTH ASSOCIATION

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 29th day of October, 1989 , with its period of duration being Perpetual.

I FURTHER certify that the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Nonprofit Corporation Act; and that the said corporation has not filed articles of dissolution as of the date of this certificate.

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CLERK OF SUPERIOR COURT
JAN 27 2022



Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 24th day of January, 2022.

Elaine F. Marshall

Secretary of State