MMG/5

| · | (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 |





T. LEMIEUX SEP 27 2022

-.

Advanced Incorporating Service

1317 California Street P.O. Box 20396 Tallahassee, FL 32316

Phone: 850-222-CORP Fax: 850-575-2724 Email: wlopez@aisincfl.com Website: <u>www.aisincfl.com</u>

| National Early Childhood Program Accreditation |
|------------------------------------------------------|
| Commillion the |
| |
| FOR OFFICE USE ONLY |
| PICK ONE: |
| CERTIFIED COPYPHOTOCOPYC.U.S. |
| FILING: |
| CORPORATIONLLCLIMITED PARTNERSHIPGENERAL PARTNERSHIP |
| FICTITIOUS NAMESERVICEMARK/TRADEMARKAMENDMENT |
| FOREIGN QUALIFICATIONJUDGMENT LIEN |
| OTHER |
| RETRIEVAL: |
| GOOD STANDING CERT/C.U.SCERTIFIED COPYPHOTOCOPY |
| Of |
| APOSTILLE/NOTARY CERTIFICATION REQUEST: |
| Country |
| Amount of Documents |
| DATE 9/24/22 TIME |
| Notes: |
| |

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 EARLY CHILDHOOD PROGRAM ACCREDITATION COMMISSION, INC. Ł.

(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 unav | allable in Florida, enter alternate con | rporate name adopted | for the purpose of transacting b | usiness ir | I Florid | <u>a)</u> |
|-----------------------------------|--------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|----------------------------------|------------|-----------|------------|
| 2. District of Co | lumbia ntry under the law of which it is inc | 3 | (FEI number, if applicabl | | | |
| 4. 03/04/1993 | | · · | | | | |
| (1 | Date of Incorporation) | ······································ | (Date of duration, if other than | 1 perpetu | al) | — |
| 6 | | | | | | |
| (Date first cond | ucted affairs in Florida if prior to regi | stration. See sections 6. | 17.1501 & 617.1502, F.S. to dete | ermine pe | nalty lla | ъЛну.) |
| 7. 7010 Little Riv | er Turnpike, Suite 320, Annandale, | , Virginia 22003 | | | | |
| | (P | rincipal office street a | uddress) | | | _ |
| For the purpo 8. professionals | (Curr se of accrediting early childhood , managers and the public about th corporation authorized in home state | ent mailing address, if programs and provid ie importance of such | ing credentials for early care | and educ | \sim | _ |
| | eet address of Florida registered | | | | EP 26 | THEFT |
| Name: | Universal Registered Agents, Inc. | | | | í Hà | L . |
| Office Address: | 1317 California Street | | | | | |
| | Tellahassee | , Floric | ia 32304 | | 0 | |
| | (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.

Vm (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

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

د

| A. DIRECTO | | | |
|----------------------|-------------------------|---------------------|-------------------------|
| □Chairman | Barbara Palmer Name: | | Julie Pelletier Name: |
| □Vice Chairman | Address: | Uvice Chairman | 558 Elm Sireet |
| Director | Odenton, MD 21113 | Director | Fair Bluff, NC 28439 |
| President | | President | |
| □Vice President | <u> </u> | Vice President | |
| Sccretary | DTreasurer | | Treasurer |
| 00ther: | Other: | DOther: | Other: |
| Chairman | Name: | □ Chairman | Name: |
| □Vice Chairman | Address: | □Vice Chairman | Address: |
| Director | Alexandria, VA 22309 | Director | Daylona Beach, FL 32117 |
| | | OPresident | |
| □Vice President | | □Vice President | |
| Secretary | [] Treasurer | Secretary | Treasurer |
| Executive EOther: | e Director | Board Me BOther: | mber DOther: |
| | | | |
| Chairman | Name: | | Name: |
| Vice Chairman | Address: | □Vice Chairman | Address: |
| Director | | Director | |
| President | | President | |
| □Vice President | | □Vice President | |
| Secretary | Treasurer | Secretary | Treasurer |
| □Other: | Other: | Other: | Other: |
| | | | |

NOTE: <u>Important Notice</u>: 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. Barbara Palmer (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) 14. Pathara Palmer (Typed or printed name and capacity of person signing application)

Initial File #: 930763 Entity Type: Non-Profit Corporation

GOVERNMENT OF THE DISTRICT OF COLUMBIA

DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS CORPORATIONS DIVISION



CERTIFICATE

THIS IS TO CERTIFY that all applicable provisions of the District of Columbia Business Organizations Code (Title 29) have been complied with and accordingly, this *CERTIFICATE OF GOOD STANDING* is hereby issued to

NATIONAL EARLY CHILDHOOD PROGRAM ACCREDITATION COMMISSION, INC. (THE)

WE FURTHER CERTIFY that the domestic entity is formed under the law of the District on 03/04/1993; that all fees, and penalties owed to the District for entity filings collected through the Mayor have been paid and Payment is reflected in the records of the Mayor; The entity's most recent biennial report required by § 29-102.11 has been delivered for filing to the Mayor; and the entity has not been dissolved. This office does not have any information about the entity's business practices and financial standing and this certificate shall not be construed as the entity's endorsement.

IN TESTIMONY WHEREOF I have hereunto set my hand and caused the seal of this office to be affixed as of 9/26/2022 2:36 PM



Business and Professional Licensing Administration

Josef Gi Giasimov

JOSEF G. GASIMOV Superintendent of Corporations, Corporations Division

Muriel Bowser Mayor