M12000000 213

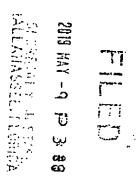
(Requestor's Name)
78.11
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Eddinose Emily Marile)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



600329050636

05/09/19--01021--014 **25.00



Meeting but

COVER LETTER				
TO: Registration Section Division of Corporations		E		
SUBJECT: ANSI NATIONAL ACC				
Dear Sir or Madam:	cinited blad	mily Comp	oaity	
The enclosed application, certificate and fee(s) a	re submitted f	or filing.		
Please return all correspondence concerning this	matter to the	following:		
M. Scott Cole				
Name of Person		•		
Carroll & Weiss LLP				
Firm/Company		-		
1819 Peachtree Rd., Suite 1	04			
Address		•		
Atlanta, GA 30309				
City/State and Zip Code				
•				
scole@carrollweiss.com				
E-mail address: (to be used for future annual re	eport notificati	ion)		
For further information concerning this matter, p	lease call:			
	404	228-	5337	
Name of Person		& Daytim	e Telephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		Registra Division P.O. Bo	NG ADDRESS: ation Section of Corporations x 6327 ssee, Florida 32314	
Enclosed is a check for the following amount: \$25 Filing Fee \$ Certificate of Status	S55 Filinį Certified	-	S60 Filing Fee, Certificate of S	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT **BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

Name of limited liability Company as it appears ANSLASO NATIONAL ACC	•			
State: ANSI-ASQ NATIONAL ACC	330 East Kilbourn Avenue,		925	—
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)	Milwaukee, WI 53203			
Enter new mailing address, if applicable:	330 East Kilbourn Avenue,	Suite	925	
(Mailing address MAY BE A POST OFFICE BOX)	Milwaukee, WI 53203		<u></u>	
2. The Florida document number of this limited liab	bility company is: M1200000021	3	2019	
3. Jurisdiction of its organization: Wisconsin			HAY - 1	<u>.</u>
4. Date authorized to do business in Florida: $\frac{1/1}{2}$	2/2012	[-1] 	-0	
SECTION II (5-9 complete only the applicable of 5. New name of the limited liability company: (must	- ·	N BOAI	بب PiD , LL or "LLO	·`\ .C ::::::::::::::::::::::::::::::::
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or man must contain "Limited Liability Company," "L.L.C	laging members adopting the alternate ha	n Florida ime. The	and attacalternate	ch a nam
6. If amending the registered agent and/or registered registered agent and/or the new registered office ad	d officer address on our records, enter the dress here:	e name of	f the new	¥
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida Street A	ddrass	_	_
	, Flori			
	City		Code	
New Registered Agent's Signature, if changing Reg	istered Agent:	•		

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 as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

itle/ Capacity	<u>Name</u>	<u>Address</u>	Type of Action		
Managing Member	American Society for Quality, Inc.	600 North Plankinton Avenue, Suite 300			
		Milwaukee, WI 532	203 Remo		
			DAdd		
			Remo		
			Add		
			Remo		
			Add		
			Remov		
			Add		
torementione	pertificate, if required: no more than 90 and amendment(s), duly authenticated by der the law of which this entity is organ	the official having custody of records in the	Remov		

Filing Fee: \$25.00

United States of America State of Wisconsin

DEPARTMENT OF FINANCIAL INSTITUTIONS

Division of Corporate & Consumer Services

To All to Whom These Presents Shall Come, Greeting:

l, Mary Ann McCoshen, Administrator of the Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

ANSI NATIONAL ACCREDITATION BOARD, LLC

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is August 02, 2004.

I further certify that said corporation or limited liability company has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921, 181.1622 or 183.0120 Wis. Stats., and that it has not filed articles of dissolution.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official scal of the Department on April 25, 2019.

MARY ANN MCCOSHEN, Administrator Division of Corporate and Consumer Services Department of Financial Institutions

DFI/Corp/33

To validate the authenticity of this certificate

Visit this web address: http://www.ude.auda.com/