

F 15000001967

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

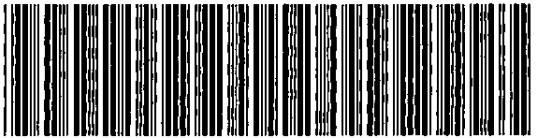
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATIONS
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5/8/15

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 617600 8020952

AUTHORIZATION *Lydia Cohen*

COST LIMIT : \$ 70.00

ORDER DATE : May 5, 2015

ORDER TIME : 9:05 AM

ORDER NO. : 617600-001

CUSTOMER NO: 8020952

FOREIGN FILINGS

NAME: NATIONAL ADA ACCREDITING &
CONSULTING, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Lydia Cohen -- EXT# 62974

EXAMINER: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: National Ada Accrediting & Consulting, Inc.
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Kent Johnson, President
Name of Person

National ADA Accrediting & Consulting, Inc.
Firm/Company

1430 Blue Oaks Boulevard #120
Address

Roseville, CA 95747
City/State and Zip code

LISAD@ADAAC.ORG ; KENTJ@ADAAC.ORG
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lisa Denham at (916) 259-1825
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

SECRETARY OF STATE
100 S.W. STATE, FLORIDA
15 MAY - 7 AM 8 55
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Enclosed is a check for the following amount:

- \$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

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. National Ada Accrediting & Consulting, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. California 3. 26-0341312
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 12-06-2010 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6.
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1430 Blue Oaks Blvd, Suite 120, Roseville, CA, 95747, US
(Principal office address)

Same as above
1430 Blue Oaks Blvd, Suite 120, Roseville, CA 95747
(Current mailing address)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(City) (Zip code)

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TALLAHASSEE, FLORIDA

9. 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.

Corporation Service Company

Lydia Cohen
Asst. Vice President

By [Signature]
(Registered agent's signature)

10. 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.

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

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Chairman: Kent Johnson

Address: 1430 Blue Oaks Blvd. #120
Roseville, CA 95747

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Kent Johnson, President

Address: 1430 Blue Oaks Blvd; #120
Roseville, CA 95747

Vice President: Becky Johnson, Vice President

Address: 1430 Blue Oaks Blvd; Suite 120
Roseville, CA 95747

Secretary: Becky Johnson, Secretary

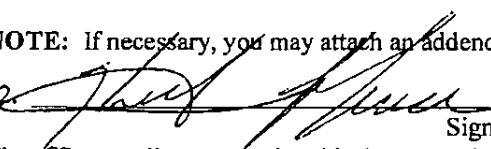
Address: 1430 Blue Oaks Blvd; Suite 120 / Roseville, CA 95747

Treasurer: Ashley Hill

Address: 1430 Blue Oaks Blvd; Suite 120 / Roseville, CA 95747

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

12. _____



Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. Kent Johnson, President

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

State of California
Secretary of State

CERTIFICATE OF STATUS

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ENTITY NAME:

NATIONAL ADA ACCREDITING & CONSULTING, INC.

FILE NUMBER: C3335002
FORMATION DATE: 12/06/2010
TYPE: DOMESTIC CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California,
hereby certify:

The records of this office indicate the entity is authorized to
exercise all of its powers, rights and privileges in the State of
California.

No information is available from this office regarding the financial
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate
and affix the Great Seal of the State of
California this day of May 06, 2015.

ALEX PADILLA
Secretary of State