EIN Assistant

Your Progress: 1. Identity ✓ 2. Authenticate ✓ 3. Addresses ✓ 4. Details ✓ 5. EIN Confirmation

Congratulations! The EIN has been successfully assigned.

EIN Assigned: **81-1860530**

Legal Name: **T E CERT**

The confirmation letter will be mailed to the applicant. This letter will be the applicant's official IRS notice and will contain important information regarding the EIN. Allow up to 4 weeks for the letter to arrive by mail.

We strongly recommend you print this page for your records.

Click "Continue" to get additional information about using the new EIN. Continue >>

Help Topics

- Can the EIN be used before the confirmation letter is received?

X

IRS DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
PHILADELPHIA PA 19255-0023

Date of this notice: 03-22-2016

Employer Identification Number:
81-1860530

Form: SS-4

Number of this notice: CP 575 E

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB OF THIS NOTICE.

001638.648314.288777.31505 1 MB 0.439 530

T E CERT
2501 ROSE AVE
BRADENTON FL 34207

001638

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 81-1860530. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear-off stub and return it to us.

When you submitted your application for an EIN, you checked the box indicating you are a non-profit organization. Assigning an EIN does not grant tax-exempt status to non-profit organizations. Publication 557, Tax-Exempt Status for Your Organization, has details on the application process, as well as information on returns you may need to file. To apply for recognition of tax-exempt status under Internal Revenue Code Section 501(c)(3), organizations must complete a Form 1023-series application for recognition. All other entities should file Form 1024 if they want to request recognition under Section 501(a).

Nearly all organizations claiming tax-exempt status must file a Form 990-series annual information return (Form 990, 990-EZ, or 990-PF) or notice (Form 990-N) beginning with the year they legally form, even if they have not yet applied for or received recognition of tax-exempt status.

Unless a filing exception applies to you (search www.irs.gov for Annual Exempt Organization Return: Who Must File), you will lose your tax-exempt status if you fail to file a required return or notice for three consecutive years. We start calculating this three-year period from the tax year we assigned the EIN to you. If that first tax year isn't a full twelve months, you're still responsible for submitting a return for that year. If you didn't legally form in the same tax year in which you obtained your EIN, contact us at the phone number or address listed at the top of this letter.

For the most current information on your filing requirements and other important information, visit www.irs.gov/charities.

IMPORTANT REMINDERS:

* Keep a copy of this notice in your permanent records. This notice is issued only one time and IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.

* Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.

* Refer to this EIN on your tax-related correspondence and documents.

* Provide future officers of your organization with a copy of this notice.

Your name control associated with this EIN is TECE. You will need to provide this information, along with your EIN, if you file your returns electronically.

If you have questions about your EIN, you can contact us at the phone number or address listed at the top of this notice. If you write, please tear off the stub at the bottom of this notice and include it with your letter. Thank you for your cooperation.

(IRS USE ONLY) 575E 03-22-2016 TECE O 0509906590 SS-4

001638

Keep this part for your records. CP 575 (Rev. 1-2016)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 E

0509906590

Your Telephone Number
( ) -
_____

Best Time to Call
_____

DATE OF THIS NOTICE: 03-22-2016
EMPLOYER IDENTIFICATION NUMBER: 81-1860530
FORM: SS-4 NOBOD

INTERNAL REVENUE SERVICE
PHILADELPHIA PA 19255-0023

T E CERT
2501 ROSE AVE
BRADENTON FL 34207

State of Florida

Department of State

I certify that the attached is a true and correct copy of the Application For Registration of the Fictitious Name T E CERT, registered with the Department of State on April 19, 2016, as shown by the records of this office.

The Registration Number of this Fictitious Name is G16000039656.

Given under my hand and the Great Seal of Florida, at Tallahassee, the Capital, this the Twentieth day of April, 2016

Ken Detzner

Secretary of State

State of Florida

Department of State

I certify from the records of this office that T E CERT is a Fictitious Name registered with the Department of State on April 19, 2016.

The Registration Number of this Fictitious Name is G16000039656.

I further certify that said Fictitious Name Registration is active.

I further certify that this office began filing Fictitious Name Registrations on January 1, 1991, pursuant to Section 865.09, Florida Statutes.

Given under my hand and the Great Seal of Florida, at Tallahassee, the Capital, this the Twentieth day of April, 2016

Ken Detzner

Secretary of State

Authentication ID: **800284762008-042016-G16000039656**

To authenticate this certificate, visit the following site, enter this ID, and then follow the instructions displayed.
https://efile.sunbiz.org/certauthver.html

APPLICATION FOR REGISTRATION OF FICTITIOUS NAME

Note: Acknowledgements/certificates will be sent to the address in Section 1 only.

Section 1

1. T E CERT
Fictitious Name to be Registered (see instructions if name includes "Corp" or "Inc")

2501 ROSE AVE
Mailing Address of Business

BRADENTON FLORIDA 34207
City State Zip Code

3. Florida County of principal place of business: MANATEE
(see instructions if more than one county)

FEI Number: 81-1860530

This space for office use only

Section 2

A. Owner(s) of Fictitious Name If Individual(s): (Use an attachment if necessary):

1. MEIERJURGEN KENNETH
Last First M.I.

6521 CONNECTICUT
Address

BRADENTON FLORIDA 34281-6515
City State Zip Code

2. MEIERJURGEN BARBARA
Last First M.I.

6521 CONNECTICUT
Address

BRADENTON FLORIDA 34281-6515
City State Zip Code

B. Owner(s) of Fictitious Name If other than an individual: (Use attachment if necessary):

1.
Entity Name

Address

City State Zip Code

Florida Document Number

FEI Number:

☐ Applied for ☐ Not Applicable

2.
Entity Name

Address

City State Zip Code

Florida Document Number

FEI Number:

☐ Applied for ☐ Not Applicable

Section 3

I the undersigned, being an owner in the above fictitious name, certify that the information indicated on this form is true and accurate. In accordance with Section 865.09, F.S., I further certify that the fictitious name to be registered has been advertised at least once in a newspaper as defined in chapter 50, Florida Statutes, in the county where the principal place of business is located. I understand that the signature below shall have the same legal effect as if made under oath and I am 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.

04/13/2016
Signature of Owner in Section 1 Date

ORIGINALTR@CS.COM
E-mail address: (to be used for future renewal notification)

Phone Number: 941-758-8867

Section 4

FOR CANCELLATION COMPLETE SECTION 4 ONLY:
FOR FICTITIOUS NAME OR OWNERSHIP CHANGE COMPLETE SECTIONS 1 THROUGH 4:

I (we) the undersigned, hereby cancel the fictitious name _____

_____, which was registered on _____ and was assigned

registration number _____

Signature of Owner of Registration being Cancelled Date

Signature of Owner of Registration being Cancelled Date

Mark the applicable boxes ☑ Certificate of Status — $10 ☑ Certified Copy — $30

NON-REFUNDABLE PROCESSING FEE: $50

CR4E001 (8/15)

DIVISION OF CORPORATIONS

Sunbiz.org DIVISION of CORPORATIONS an official State of Florida website

Previous on List Next on List Return to List

Filing History

Fictitious Name Sear

Submit

Fictitious Name Detail

Fictitious Name

T E CERT

Filing Information

Registration Number	G16000039656
Status	ACTIVE
Filed Date	04/19/2016
Expiration Date	12/31/2026
Current Owners	5
County	MANATEE
Total Pages	3
Events Filed	1
FEI/EIN Number	81-1860530

Mailing Address

2501 ROSE AVE
BRADENTON, FL 34207

Owner Information

DENSON, SHARON KAY
2501 ROSE AVE
BRADENTON, FL 34207
FEI/EIN Number: NONE
Document Number: NONE

SMITH, DANIEL PAUL
6307 CORNELL RD
BRADENTON, FL 34207
FEI/EIN Number: NONE
Document Number: NONE

FREESE, LAURA
6619 CONNECTICUT
BRADENTON, FL 34281
FEI/EIN Number: NONE
Document Number: NONE

SMITH, BRUCE
2316 NEW YORK

Florida Department of Agriculture and Consumer Services
Division of Consumer Services

ADAM H. PUTNAM
COMMISSIONER

SMALL CHARITABLE ORGANIZATIONS/SPONSORS REGISTRATION APPLICATION

Solicitation of Contributions Act
Chapter 496, Florida Statutes
Rule 5J-7.004, Florida Administrative Code

1-800-HELP-FLA (435-7352)
850-410-3800 *Calling Outside Florida*
www.800helpfla.com • 850-410-3804 *Fax*

NO FEE REQUIRED

All documents and attachments submitted with this application are subject to public review pursuant to Chapter 119, F.S.

Business Information

Legal Name:	TRAILER ESTATES C.E.R.T.
FEIN:	81-1860530
Business Phone:	941-752-7421
Business Address:	2501 Rose Ave Bradenton Florida 34207
Mailing Address:	2501 Rose Ave Bradenton Florida 34207
Email Address:	ORIGINALTR@CS.COM
Website Address:	WWW.CERT-TE.ORG
Fictitious Names**	T E CERT

**All fictitious names must be registered with the Division of Corporations. If business is a corporation then 'Name' is the legal name of the business as listed with the Division of Corporations. You must list all names under which you intend to do business.

Business Details

Month/Day fiscal year ends: 12/31

Organization's Internal Revenue Service Status: Pending

Purpose of the Organization:

PROVIDE EMERGENCY CARE AND RELIEF TO OUR LOCAL COMMUNITY DURING A DISASTER OR EMERGENCY AS DIRECTED BY THE FLORIDA EOC. TO PROVIDE ONGOING TRAINING AND EDUCATION REGARDING EMERGENCIES AND/OR DISASTERS.

Purpose for which the contributions are used:

PURCHASE NECESSARY SUPPLIES, EQUIPMENT AND TRAINING MATERIALS PURSUANT TO ACCOMPLISHING OUR MISSION.

Personnel Information

Officer 1

Name: KENNETH MEIERJURGEN

2. Has this person been enjoined from violating any law relating to a charitable solicitation? [s. 496.405(2)(d)6, F.S.] *No*

Financial Statement

Fiscal year ending: 12/31/2015

Financial statement source: Budget (Newly formed organizations only)

Budget (Newly formed organizations only)

Revenues

1.	Contributions,gifts,grants,and similar amounts received	1475.88
2.	Government grants (must list sources and amounts)	0.00
3.	Inventory sales	
	a. Gross Revenue	577.12
	b. Less costs	0.00
	c. Net Income	577.12
4.	Special fundraising events	
	a. Gross revenue	0.00
	b. Less expenses	0.00
	c. Net Income	0.00
5.	In-Kind contributions and services	0.00
6.	Federated campaigns (must list sources and amounts)	0.00
7.	Program service revenue	0.00
8.	Membership dues and assessments	0.00
9.	Other revenue(must list sources and amounts)	0.00
10.	**TOTAL REVENUE(add lines 1 through 9)**	2053.00

Expenses

1.	Program services(including payments to affiliates)	0.00
2.	Management and general	943.00
3.	Fundraising	0.00
4.	**TOTAL EXPENSES(add lines 1,2, and 3)**	943.00

Supporting Documents(List of Sources and Amounts)

Not Applicable

Application Questionnaire

Did the charitable organization or sponsor receive $25,000 or more in total revenue during the immediately preceding fiscal year?: No

Are the fundraising activities of the charitable organization or sponsor carried on by any compensated volunteers, members, or officers ?: No

1-800-HELP-FLA (435-7352)
www.800helpfla.com
www.freshfromflorida.com

DIVISION OF CONSUMER SERVICES
2005 APALACHEE PKWY
TALLAHASSEE FL 32399-6500

FLORIDA DEPARTMENT OF AGRICULTURE & CONSUMER SERVICES
COMMISSIONER ADAM H. PUTNAM

April 11, 2017 **Refer To: DTN2914069 CH47909**

TRAILER ESTATES C.E.R.T.
2501 ROSE AVE
BRADENTON, FL 34207-5744

RE: TRAILER ESTATES C.E.R.T.
REGISTRATION#: CH47909 EXPIRATION DATE: April 20, 2018

Dear Sir or Madam:

The Department has received your application submitted under Chapter 496, Florida Statutes, the Solicitation of Contributions Act. Effective July 1, 2013, qualified charitable organizations are exempt from the fee based registration if they meet the following criteria, but are still required to register annually using form FDACS-10110 which will be mailed to you approximately 35 days before the registration expiration date::

* The charitable organization or sponsor has less than $25,000 in total revenue during the preceding fiscal year.
* The fundraising activities of the charitable organization or sponsor are carried on by volunteers, members, or officers who are not compensated and no part of the assets or income of the organization or sponsor inures to the benefit of or is paid to any officer or member of the above named charitable organization or sponsor.
* The charitable organization or sponsor does not utilize a professional fundraising consultant, professional solicitor, or commercial co-venturer.

Based on the information provided, it appears your organization is not subject to the fee based registration and has complied with the filing requirements of s. 496.406. An annual registration is still required pursuant to s. 496.406(1)(d), Florida Statutes.

PLEASE NOTE: If circumstances change, and you no longer meet one or more of the above listed qualifiers during this exemption period, you must submit a registration application using form FDACS-10100 with all required attachments and fees within 30 days of the qualifying change.

Every charitable organization or sponsor which is required to file under s. 496.406 must conspicuously display the registration number issued by the Department and in capital letters the following statement on every printed solicitation, written confirmation, receipt, or reminder of a contribution:

"A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE (800-435-7352) WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE."

The Solicitation of Contributions Act requires an annual renewal to be filed on or before the date of expiration of the previous exemption. The Department will send a renewal package approximately 35 days prior to the date of expiration shown above. A COPY OF THIS LETTER SHOULD BE RETAINED FOR YOUR RECORDS. If we may be of further assistance, please contact the Solicitation of Contributions Section.

Sincerely,

Jeremy Hobbs

Jeremy Hobbs
Regulatory Specialist I
850-410-3769
Fax: 850-410-3804
E-mail: jeremy.hobbs@freshfromflorida.com

Form **990-N**

Electronic Notice (e-Postcard)

for Tax-Exempt Organization not Required to File Form 990 or 990-EZ

OMB No. 1545-2085

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the **2016** Calendar year, or tax year beginning **2016-01-01** and ending **2016-12-31**

B Check if available
- ☐ **Terminated for Business**
- ☑ **Gross receipts are normally $50,000 or less**

C Name of Organization: **T E CERT**
2501 Rose Ave, Bradenton,
FL, US, 34207

D Employee Identification Number **81-1860530**

E Website:
www.cert-te.org

F Name of Principal Officer: **Mary Huston**
1714 Minnesota, Bradenton,
FL, US, 34207

Privacy Act and Paperwork Reduction Act Notice: We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give us the information. We need it to ensure that you are complying with these laws.

The organization is not required to provide information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. The rules governing the confidentiality of the Form 990-N is covered in code section 6104.

The time needed to complete and file this form and related schedules will vary depending on the individual circumstances. The estimated average times is 15 minutes.

Note: This image is provided for your records only. Do Not mail this page to the IRS. The IRS will not accept this filing via paper. You must file your Form 990-N (e-Postcard) electronically.

Form **1023-EZ**
(Rev. June 2014)
Department of the Treasury
Internal Revenue Service

Streamlined Application for Recognition of Exemption Under Section 501(c)(3) of the Internal Revenue Code

Do not enter Social Security numbers on this form as it will be made public.

Information about Form 1023-EZ and its separate instructions is at www.irs.gov/form1023

OMB No. 1545-0056

Note: *If exempt status is approved, this application will be open for public inspection.*

☒ **Check this box to attest that you have completed the Form 1023-EZ Eligibility Worksheet in the current instructions, are eligible to apply for exemption using Form 1023-EZ, and have read and understand the requirements to be exempt under section 501(c)(3).**

Part I Identification of Applicant

1a Full Name of Organization: T E CERT				
b Mailing Address (number, street, and room/suite). If a P.O. box, see instructions.: 2501 ROSE AVE	c City: BRADENTON	d State: FL	e Zip code + 4: 34207-0000	
2 Employer Identification Number: 81-1860530	3 Month Tax Year Ends (MM): 12	4 Person to Contact if More Information is Needed: DANIEL P SMITH JR		
5 Contact Telephone Number: 517-204-1780	6 Fax Number (optional):	7 User Fee Submitted: $400.00		

8 List the names, titles, and mailing addresses of your officers, directors, and/or trustees. (If you have more than five, see instructions.)

First Name: KENNETH	Last Name: MEIERJURGEN	Title: CHAIRMAN	
Street Address: 6521 CONNECTICUT	City: BRADENTON	State: FL	Zip code + 4: 34281-6515
First Name: BARBARA	Last Name: MEIERJURGEN	Title: SECRETARY	
Street Address: 6521 CONNECTICUT	City: BRADENTON	State: FL	Zip code + 4: 34281-6515
First Name: MARY	Last Name: HUSTON	Title: TREASURER	
Street Address: 1714 MINNESOTA AVE	City: BRADENTON	State: FL	Zip code + 4: 34281-6568
First Name: FRANK	Last Name: RIEDEL	Title: VICE CHAIRMAN	
Street Address: 2315 NEW YORK AVE	City: BRADENTON	State: FL	Zip code + 4: 34281-6071
First Name:	Last Name:	Title:	
Street Address:	City:	State:	Zip code + 4:

9a Organization's Website (if available): WWW.CERT-TE.ORG

b Organization's Email (optional): ORIGINALTR@CS.COM

Part II Organizational Structure

1 To file this form, you must be a corporation, an unincorporated association, or a trust. **Check the box** for the type of organization.

☐ Corporation ☒ Unincorporated association ☐ Trust

2 ☒ **Check this box** to attest that you have the organizing document necessary for the organizational structure indicated above. (See the instructions for an explanation of **necessary organizing documents**.)

3 Date incorporated if a corporation, or formed if other than a corporation (MMDDYYYY): 01012011

4 State of Incorporation or other formation: Florida

5 Section 501(c)(3) requires that your organizing document must limit your purposes to one or more exempt purposes within section 501(c)(3).

☒ **Check this box** to attest that your organizing document contains this limitation.

6 Section 501(c)(3) requires that your organizing document must not expressly empower you to engage, otherwise than as an insubstantial part of your activities, in activities that in themselves are not in furtherance of one or more exempt purposes.

☒ **Check this box** to attest that your organizing document does not expressly empower you to engage, otherwise than as an insubstantial part of your activities, in activities that in themselves are not in furtherance of one or more exempt purposes.

7 Section 501(c)(3) requires that your organizing document must provide that upon dissolution, your remaining assets be used exclusively for section 501(c)(3) exempt purposes. Depending on your entity type and the state in which you are formed, this requirement may be satisfied by operation of state law.

☒ **Check this box** to attest that your organizing document contains the dissolution provision required under section 501(c)(3) or that you do not need an express dissolution provision in your organizing document because you rely on the operation of state law in the state in which you are formed for your dissolution provision.

Part III Your Specific Activities

1 Enter the appropriate 3-character NTEE Code that best describes your activities (See the instructions): M20

2 To qualify for exemption as a section 501(c)(3) organization, you must be organized and operated exclusively to further one or more of the following purposes. By checking the box or boxes below, you attest that you are organized and operated exclusively to further the purposes indicated. **Check all that apply.**

- ☒ Charitable
- ☐ Religious
- ☐ Educational
- ☐ Scientific
- ☐ Literary
- ☐ Testing for public safety
- ☐ To foster national or international amateur sports competition
- ☐ Prevention of cruelty to children or animals

3 To qualify for exemption as a section 501(c)(3) organization, you must:

- Refrain from supporting or opposing candidates in political campaigns in any way.
- Ensure that your net earnings do not inure in whole or in part to the benefit of private shareholders or individuals (that is, board members, officers, key management employees, or other insiders).
- Not further non-exempt purposes (such as purposes that benefit private interests) more than insubstantially.
- Not be organized or operated for the primary purpose of conducting a trade or business that is not related to your exempt purpose(s).
- Not devote more than an insubstantial part of your activities attempting to influence legislation or, if you made a section 501(h) election, not normally make expenditures in excess of expenditure limitations outlined in section 501(h).
- Not provide commercial-type insurance as a substantial part of your activities.

☒ **Check this box** to attest that you have not conducted and will not conduct activities that violate these prohibitions and restrictions.

4	Do you or will you attempt to influence legislation? (If yes, consider filing Form 5768. See the instructions for more details.)	☐ Yes	☒ No
5	Do you or will you pay compensation to any of your officers, directors, or trustees? (Refer to the instructions for a definition of **compensation.**)	☐ Yes	☒ No
6	Do you or will you donate funds to or pay expenses for individual(s)?	☐ Yes	☒ No
7	Do you or will you conduct activities or provide grants or other assistance to individual(s) or organization(s) outside the United States?	☐ Yes	☒ No
8	Do you or will you engage in financial transactions (for example, loans, payments, rents, etc.) with any of your officers, directors, or trustees, or any entities they own or control?	☐ Yes	☒ No
9	Do you or will you have unrelated business gross income of $1,000 or more during a tax year?	☐ Yes	☒ No
10	Do you or will you operate bingo or other gaming activities?	☐ Yes	☒ No
11	Do you or will you provide disaster relief?	☐ Yes	☒ No

Part IV Foundation Classification

Part IV is designed to classify you as an organization that is either a private foundation or a public charity. Public charity status is a more favorable tax status than private foundation status.

1 If you qualify for public charity status, check the appropriate box (**1a - 1c** below) and skip to **Part V** below.

a ☒ **Check this box** to attest that you normally receive at least one-third of your support from public sources or you normally receive at least 10 percent of your support from public sources and you have other characteristics of a publicly supported organization. **Sections 509(a)(1) and 170(b)(1)(A)(vi).**

b ☐ **Check this box** to attest that you normally receive more than one-third of your support from a combination of gifts, grants, contributions, membership fees, and gross receipts (from permitted sources) from activities related to your exempt functions and normally receive not more than one-third of your support from investment income and unrelated business taxable income. **Section 509(a)(2).**

c ☐ **Check this box** to attest that you are operated for the benefit of a college or university that is owned or operated by a governmental unit. **Sections 509(a)(1) and 170(b)(1)(A)(iv).**

2 If you are not described in items **1a - 1c** above, you are a private foundation. As a private foundation, you are required by section 508(e) to have specific provisions in your organizing document, unless you rely on the operation of state law in the state in which you were formed to meet these requirements. These specific provisions require that you operate to avoid liability for private foundation excise taxes under sections 4941-4945.

☐ **Check this box** to attest that your organizing document contains the provisions required by section 508(e) or that your organizing document does not need to include the provisions required by section 508(e) because you rely on the operation of state law in your particular state to meet the requirements of section 508(e). (See the instructions for explanation of the section 508(e) requirements.)

Part V Reinstatement After Automatic Revocation

Complete this section only if you are applying for reinstatement of exemption after being automatically revoked for failure to file required annual returns or notices for three consecutive years, and you are applying for reinstatement under section 4 or 7 of Revenue Procedure 2014-11. (Check only one box.)

1 ☐ **Check this box** if you are seeking retroactive reinstatement under section 4 of Revenue Procedure 2014-11. By checking this box, you attest that you meet the specified requirements of section 4, that your failure to file was not intentional, and that you have put in place procedures to file required returns or notices in the future. (See the instructions for requirements.)

2 ☐ **Check this box** if you are seeking reinstatement under section 7 of Revenue Procedure 2014-11, effective the date you are filling this application.

Part VI Signature

☒ **I declare under the penalties of perjury that I am authorized to sign this application on behalf of the above organization and that I have examined this application, and to the best of my knowledge it is true, correct, and complete.**

KENNETH MEIERJURGEN
(Type name of signer)

CHAIRMAN
(Type title or authority of signer)

04192016
(Date)

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: MAY 09 2016

T E CERT
2501 ROSE AVE
BRADENTON, FL 34207-0000

Employer Identification Number:
81-1860530
DLN:
26053512002126
Contact Person:
CUSTOMER SERVICE ID# 31954
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Public Charity Status:
170(b)(1)(A)(vi)
Form 990/990-EZ/990-N Required:
Yes
Effective Date of Exemption:
April 19, 2016
Contribution Deductibility:
Yes
Addendum Applies:
Yes

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Letter 5436

T E CERT

Sincerely,

Jeffrey I. Cooper
Director, Exempt Organizations
Rulings and Agreements

Enclosure:
Addendum

0000037 10/09/20

FLORIDA DEPARTMENT OF REVENUE

Consumer's Certificate of Exemption

Issued Pursuant to Chapter 212, Florida Statutes

DR-14
R. 01/18

Certificate Number	Effective Date	Expiration Date	Exemption Category
85-8018179643C-4	09/24/2020	09/30/2025	501(C)(3) ORGANIZATION

This certifies that

T E CERT
2501 ROSE AVE
BRADENTON FL 34207-5744

is exempt from the payment of Florida sales and use tax on real property rented, transient rental property rented, tangible personal property purchased or rented, or services purchased.

FLORIDA DEPARTMENT OF REVENUE

Important Information for Exempt Organizations

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1. You must provide all vendors and suppliers with an exemption certificate before making tax-exempt purchases. See Rule 12A-1.038, Florida Administrative Code (F.A.C.).

2. Your *Consumer's Certificate of Exemption* is to be used solely by your organization for your organization's customary nonprofit activities.

3. Purchases made by an individual on behalf of the organization are taxable, even if the individual will be reimbursed by the organization.

4. This exemption applies only to purchases your organization makes. The sale or lease to others of tangible personal property, sleeping accommodations, or other real property is taxable. Your organization must register, and collect and remit sales and use tax on such taxable transactions. Note: Churches are exempt from this requirement except when they are the lessor of real property (Rule 12A-1.070, F.A.C.).

5. It is a criminal offense to fraudulently present this certificate to evade the payment of sales tax. Under no circumstances should this certificate be used for the personal benefit of any individual. Violators will be liable for payment of the sales tax plus a penalty of 200% of the tax, and may be subject to conviction of a third-degree felony. Any violation will require the revocation of this certificate.

6. If you have questions about your exemption certificate, please call Taxpayer Services at 850-488-6800. The mailing address is PO Box 6480, Tallahassee, FL 32314-6480.

FLORIDA
DEPARTMENT OF REVENUE

Application for a Consumer's Certificate of Exemption

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R. 01/1
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Rule 12A-1.09
Florida Administrative Coc
Effective 01/1

Mail with Supporting Documentation to:
Account Management-Exemptions
Florida Department of Revenue
PO Box 6480
Tallahassee FL 32314-6480

Exemption category for which you are applying (check only one):

- [X] 501(c)(3) Organization
- [ ] Community Cemetery
- [ ] Credit Union
- [ ] Fair Association
- [ ] Florida Retired Educators Association
- [ ] Library Cooperative
- [ ] Nonprofit Cooperative Hospital Laundry
- [ ] Nonprofit Water System
- [ ] Organization Benefiting Minors
- [ ] Parent-Teacher Organization or Association
- [ ] Political Subdivision
- [ ] Religious Institution - physical place for worship
- [ ] Religious Institution - transportation provider
- [ ] Religious Institution - governing or administrative
- [ ] School, College, or University
- [ ] Veterans' Organization
- [ ] Volunteer Fire Department

Legal Name of Organization or Political Subdivision		Federal Employer Identification Number (FEIN)
T E CERT		81-1860530
Street		Business Phone
2501 Rose Ave.		941-752-7421
City	State	ZIP
Bradenton	Florida	34207
Mailing Address (If different than above)		Alternate Phone
SAME		616-826-2729
City	State	ZIP
Name of Contact Person	Title	
Daniel P Smith	Authorized Representative	

Email Address - Your email address is treated as confidential information (s. 213.053, F.S.), and is not subject to disclosure as public records (s. 119.071, F.S.).
Smithd8@LCC.EDU

Credit Union Charter Number - If you are applying as a credit union.

Your **privacy** is important to the Department. To protect your privacy, access to personal information about your organization is limited to the person who has signed this *Application for a Consumer's Certificate of Exemption*. To ensure that information is not provided without your consent, a written request from you is required if you wish to receive a secured email regarding this Application. If so, the Department will send information regarding this Application using its secure email software. This software will require additional steps before you can access the information. If you do not want to receive information by email, any information regarding this Application will be mailed to you.

[X] I authorize the Florida Department of Revenue to send information regarding this *Application for a Consumer's Certificate of Exemption* using the Department's secure email. I understand that this method requires additional steps to view the information provided.

I hereby attest that I am authorized to sign on behalf of the applicant organization described above. I further attest that, if granted, the *Consumer's Certificate of Exemption* will only be used in the manner authorized for this organization under s. 212.08(6), (7), or 213.12(2), F.S.

Under penalties of perjury, I declare that I have read the foregoing application and that the facts stated in it are true.

Signature

Authorized Representative
Title

Daniel P Smith
Print Name

9/24/2020
Date