

FO9000000492

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

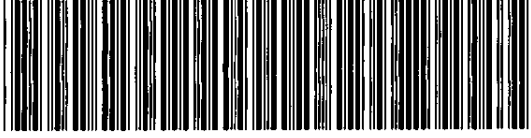
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

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10

COVER LETTER

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TO: New Filing Section
Division of Corporations

SUBJECT: 3065036 Nova Scotia Limited
(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," 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:

Ann K Ertel

(Name of Person)

Center for Distance Education

(Firm/Company)

14502 N. Dale Mabry Hwy, Suite 200

(Address)

Tampa, Florida. 33618

(City/State and Zip code)

For further information concerning this matter, please call:

Ann K Ertel

(Name of Person)

at () 702-481-1770

(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

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. 3065036 Nova Scotia Limited Company
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

Centre for Distance Education

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

2. Canada 3. N/A
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. March, 2000 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 14502 N. Dale Mabry Hwy, Suite 200. Tampa FL. 33618
(Principal office address)

14502 N. Dale Mabry Hwy, Suite 200. Tampa FL. 33618
(Current mailing address)

8. For profit educational institution
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

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

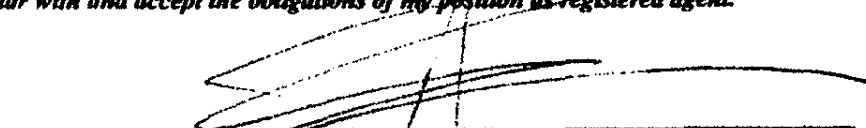
Name: Ann K Ertel

Office Address: 14502 N. Dale Mabry Hwy, Suite 200
Tampa, Florida 33618
(City) (Zip code)

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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.


(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.

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

A. DIRECTORS

Chairman: Lori MacMullin

Address: 310 Grand Mira South
Juniper Mountain, Nova Scotia B1K 1G2

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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TALLAHASSEE FLORIDA

B. OFFICERS

President: Lori MacMullin

Address: 310 Grand Mira South
Juniper Mountain, Nova Scotia B1K 1G2

Vice President: Lori MacMullin

Address: 310 Grand Mira South
Juniper Mountain, Nova Scotia B1K 1G2

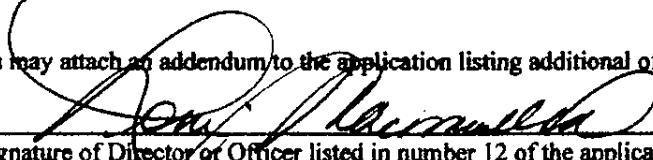
Secretary: Lori MacMullin

Address: 310 Grand Mira South Juniper Mountain, Nova Scotia B1K 1G2

Treasurer: Lori MacMullin

Address: 310 Grand Mira South Juniper Mountain, Nova Scotia B1K 1G2

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

* 
(Signature of Director or Officer listed in number 12 of the application)

* Lori MacMullin, President
(Typed or printed name and capacity of person signing application)



Nova Scotia

CERTIFICATE OF STATUS

Registry Number

3065036

I hereby certify that according to the records of this office

3065036 NOVA SCOTIA LIMITED

was incorporated on April 10, 2002 under the Companies Act of Nova Scotia

and is a valid and subsisting company.

I further certify that according to the records of this office

3065036 NOVA SCOTIA LIMITED

was registered under the Corporations Registration Act of Nova Scotia on April 10, 2002 and the certificate is still in force.

A handwritten signature in black ink, appearing to read 'J. S. C. C.', written over a horizontal line.

Registrar of Joint Stock Companies

January 13, 2009

Date of Issue

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILE