

F00000000392

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: HORIZONS UNLIMITED 2000 CORPORATION
(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: 700003101707--5

STEPHEN N. TURNING, Ph.D.
(Name of Person)

HORIZONS UNLIMITED 2000 CORPORATION
(Firm/Company)

6701 DORCHESTER ROAD #802
(Address)

CHARLESTON, SC 29418
(City/State/Zip)

-01/18/00-01130-003
*****70.00

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00 JAN 18 PM 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Should you need to call someone concerning this matter, please call:

STEPHEN N. TURNING, Ph.D. # (843) 767-1294
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

MAILING ADDRESS:

Name 1/24/00
Availability OFF
Qualification/Tax Lien Section
Division of Corporations
Document Examiner
409 E. Gaines St.
Tallahassee, FL 32399

Qualification/Tax Lien Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

er
erly ☒ \$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

Knowledge DCC

W. P. Verifier DCC

**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. HORIZONS UNLIMITED 2000 CORPORATION

(Name of corporation; must include the word "INCORPORATED", "COMPANY", "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.)

2. SOUTH CAROLINA

(State or country under the law of which it is incorporated)

3. 571076148

(FBI number, if applicable)

4. JANUARY 1, 1999

(Date of incorporation)

5. PERPETUAL

(Duration: Year corp. will cease to exist or "perpetual")

6. NOT YET

(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. P.O. BOX 41446

CHARLESTON, SC 29423-1446

(Current mailing address)

STREET ADDRESS: 6701 DORCHESTER RD #802
CHARLESTON, SC 29415

8. PROVIDE COMPUTER TRAINING SERVICES AND CBT COURSEWARE
(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 or Mail Drop Box **NOT** acceptable)

Name: HAROLD JACOBSON

Office Address: 4729 HURON DR

PENSACOLA

, Florida, 32507

(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.

Harold Jacobson
(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 addresses of officers and/or directors: (Street address **ONLY** - P.O. Box **NOT** acceptable)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 JAN 18 PM 1:30

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: MIYUKI TWINING

Address: 6701 DORCHESTER RD #802
CHARLESTON, SC 29418

Vice Chairman: SETSUKO TWINING

Address: 6701 DORCHESTER RD #802
CHARLESTON, SC 29418

Director: STEPHEN TWINING

Address: 6701 DORCHESTER RD #802
CHARLESTON, SC 29418

Director: _____

Address: _____

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: MIYUKI TWINING

Address: 6701 DORCHESTER RD #802
CHARLESTON, SC 29418

Vice President: SETSUKO TWINING

Address: 6701 DORCHESTER RD #802
CHARLESTON, SC 29418

Secretary: STEPHEN TWINING

Address: 6701 DORCHESTER #802
CHARLESTON, SC 29418

Treasurer: STEPHEN TWINING

Address: 6701 DORCHESTER #802
CHARLESTON, SC 29418

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TALLAHASSEE, FLORIDA

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

13. 

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. STEPHEN N. TWINING, SECRETARY-TREASURER

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

The State of South Carolina



Office of Secretary of State Jim Miles **Certificate of Existence**

I, Jim Miles, Secretary of State of South Carolina Hereby certify that:

HORIZONS UNLIMITED 2000 CORPORATION,

a corporation duly organized under the laws of the State of South Carolina on **January 1st, 1999**, and having a perpetual duration unless otherwise indicated below, has as of the date hereof filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has mailed notice to the Corporation that it is subject to being dissolved by administrative action pursuant to Section 33-14-210 of the South Carolina Code, and that the corporation has not filed articles of dissolution as of the date hereof.

00 JAN 18 PM 1:30
SECRETARY OF STATE
JIM MILES
TALLAHASSEE, FLORIDA

Given under my Hand and the Great Seal of
the State of South Carolina this 28th day of
December, 1999.

A handwritten signature in cursive script that reads "Jim Miles".

Jim Miles, Secretary of State