

FOOOOOOO 7141

4

**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** nNovation Learning Group 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", 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:

Mr. Kent R. Neilson  
(Name of Person)  
nNovation Learning Group Inc.  
(Firm/Company)  
P0 Box 470358  
(Address)  
Celebration, Florida 34747-0358  
(City/State and Zip code)

200003475742--5  
-11/27/00--01099--003  
\*\*\*\*\*78.75 \*\*\*\*\*78.75  
W-28423

For further information concerning this matter, please call:

Mr. Kent R. Neilson at ( 407 ) 361-2338  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

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

FILED  
00 DEC 26 AM 9:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

umh  
12/26

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



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

December 1, 2000

KENT R. NEILSON  
PO BOX 470358  
CELEBRATION, FL 34747-0358

SUBJECT: NNOVATION LEARNING GROUP INC.  
Ref. Number: W00000028423

We have received your document for NNOVATION LEARNING GROUP INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the street address of each officer/director.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6097.

Michael Mays  
Document Specialist

Letter Number: 300A0006199

FILED  
00 DEC 26 AM 9:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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. nNovation Learning Group Incorporated

(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. Nevada

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

3. 88-0442705

(FEI number, if applicable)

4. November 17, 1999

(Date of incorporation)

5. Perpetual

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

6. Upon Qualification

(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")  
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 711 South Carson Street, Suite 4, Carson City, Nevada 89701

(Principal office address)

P.O. Box 470358, Celebration, Florida 34747-0358

(Current mailing address)

8. To engage in any lawful for profit activity within or without Nevada.

(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: Mr. Kent R. Neilson

Office Address: 462 Water Street

Celebration, Florida 34747

(City)

(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.*



(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.

FILED  
00 DEC 26 AM 9:33  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

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

A. DIRECTORS

Chairman: Dr. Altha M. Neilson  
Address: ~~P0 Box 58, Red Deer, Alberta, Canada T4N 5E7~~  
Suite 902, 105-150 Crowfoot Crescent NW, Calgary, Alberta  
Canada T3G 3T2  
Vice Chairman: Mr. Kent R. Neilson  
Address: ~~P0 Box 470358, Celebration, Florida 34747-0358~~  
462 Water Street, Celebration, Florida 34747  
Director: \_\_\_\_\_  
Address: \_\_\_\_\_  
Director: \_\_\_\_\_  
Address: \_\_\_\_\_

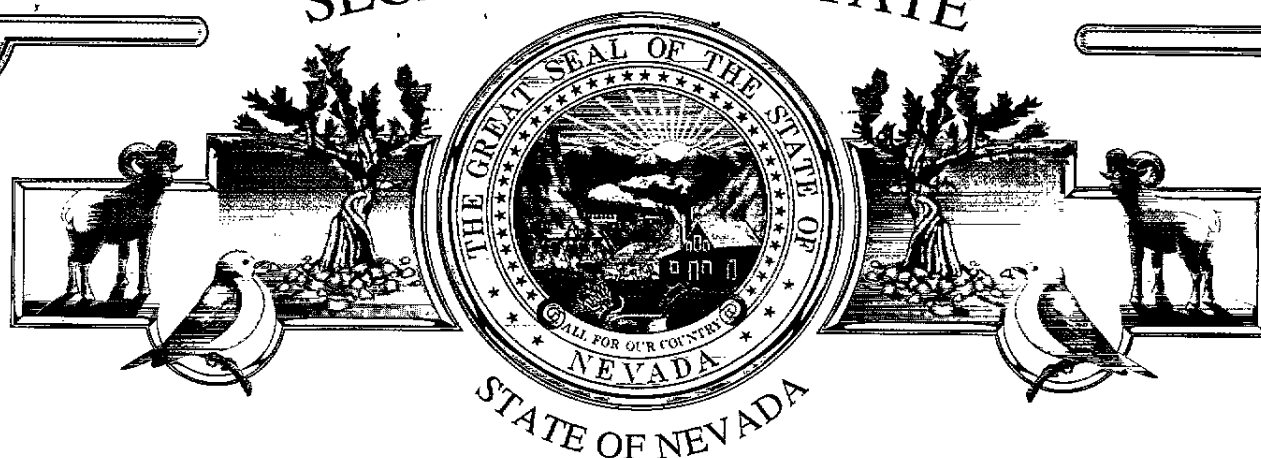
B. OFFICERS

President: Dr. Altha M. Neilson  
Address: ~~P0 Box 58, Red Deer, Alberta, Canada T4N 5E7~~  
Suite 902, 105-150 Crowfoot Crescent NW, Calgary Alberta  
Canada T3G 3T2  
Vice President: Mr. Kent R. Neilson  
Address: ~~P0 Box 470358, Celebration, Florida 34747-0358~~  
462 Water Street, Celebration, Florida 34747  
Secretary: Mr. Kent R. Neilson  
Address: P0 Box 470358, Celebration, Florida 34747-0358  
Treasurer: Mr. Kent R. Neilson  
Address: P0 Box 470358, Celebration, Florida 34747-0358

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

13. *Altha M. Neilson*  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
14. Dr. Altha M. Neilson, President & Chief Executive Officer  
(Typed or printed name and capacity of person signing application)

# SECRETARY OF STATE



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence; **NNOVATION LEARNING GROUP, INC.**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since November 17, 1999, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office, in Carson City, Nevada, on November 15, 2000.

*Dean Heller*

Secretary of State

By

*CRW*

Certification Clerk



FILED  
DEC 26 PM 9:37  
SECRETARY OF STATE  
CLERK  
CARSON CITY, NEVADA