F01000,000736

TRANSMITTAL LETTER

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_	ration Sect			
SUBJECT: 7	HE PO			NAGEMENT/MARKETING, INC.
		(Name of corpor	ration - must include suffix)	
Dear Sir or Ma	ıdam:		60	00035907066 -01/29/0101128003 ******70.00 ******70.00
"Certificate of	Existence"	, and check are submitted	for Authorization to Transa to register the above referen	
transact busine				WO1-2242
Please return al	II correspon	ndence concerning this ma	atter to the following:	
		OS <i>∈PH R. Po</i> (Nam	NDS, JR.	
		(Nam	e of Person)	
	THE PO	NDS INSTITUTE OF	- BUSINESS / MANAGER	MENT/MARKE FINA, INC.
		(Firm	/Company)	
	2171	W. PINE RIDGE	BOULEVARD	
		(A	Address)	-
	Be	VERLY HILLS, (City	<i>FLorida 3446</i> /State/Zip)	<u> </u>
•		omeone concerning this m	•	
TOSEPH	4 R.P	ONDS, JR. at (35	72) 746-/06 & Area Code & Daytime Telep	SEI SEI
(Name	e of Person) (A	rea Code & Daytime Telep	shone Number)
				## ## ## ## ## ## ## ## ## ## ## ## ##
STREET ADD	DRESS:		MAILING ADDRES	s: 품를 ≥ ∪
Registration Se	ection		Registration Section	9 9 0
Division of Cor			Division of Corporation	ons SM 0
409 E. Gaines S			P.O. Box 6327	
Γallahassee, FL	. 3239 9		Tallahassee, FL 3231	4 m
Enclosed is a ch	heck for th	e following amount:		4 4nh
\$70.00 Filin	or Fee	☐ \$78.75 Filing Fee &	☐ \$78.75 Filing Fee &	□ \$87.50 Filing Fee,
- φ.σ.σσ i iiii	.p.100	Certificate of Status	Certified Copy	Certificate of Status &

Certified Copy



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

January 30, 2001

JOSEPH R. PONDS JR 2171 W. PINE RIDGE BLVD BEVERLY HILLS, FL 34465

SUBJECT: THE PONDS INSTITUTE OF BUSINESS MANAGEMENT

MARKETING INC

Ref. Number: W01000002242

We have received your document for THE PONDS INSTITUTE OF BUSINESS MANAGEMENT MARKETING INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

A brief description of the entity's nature of business must be included in the document.

Please return your document, along with a copy of this letter, within 60 days of 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: 901A00005566

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.	THE PONDS TWSTITUTE OF BUSINESS/MANAGEMENT/MARKETING, TNC. (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.	DELAWARE (State or country under the law of which it is incorporated) 3
	(State or country under the law of which it is incorporated) (FEI number, if applicable)
4.	APRIL 3, 2000 5. PERPETUAL (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
	(Date of incorporation) (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.	a. 2171 W. PINE RIDGE BLVD, BEVERLY HILLS, FL 34465 (Principal office address)
	(Principal office address)
	b. P.O. Box 641123, BEVERLY HILLS, FL 34464 (Current mailing address)
	(Current mailing address)
R	EDUCATION / TRAINING PRIVATE WASTER A FOUR CONSTITUTE
٠.	(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: Joseph R. Ponds, JR.
	Name: Joseph R. Ponds, JR.
Of	fice Address: 2171 W. PINE KIDGE BLVD
	BEVERLY HILLS, Florida 34465 (Zip code)
	(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.

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: JOSEPH R. PONDS, TR Address: _____ZITI WI PINE RIDGE BLVD. BEVERLY HILLS, FL 34465 Vice Chairman: BRENDA G. PONDS Address: 2171 WIPINE RIDGE BLVD BEVERLY HILLS, FL 34465 Director: Address: Director: Address: ____ **B. OFFICERS** President: Address: __ Vice President: Address: ____ Secretary: _ Address: ___ Treasurer: _ Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) 14. JOSEPH R. POWDS, JR. PRESIDENT CHAIRMAN (Typed or printed name and capacity of person signing application)

State of Delaware Office of the Secretary of State

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I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "THE PONDS INSTITUTE OF BUSINESS/MANAGEMENT/MARKETING, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTEENTH DAY OF JANUARY, A.D. 2001.

AND I_DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

PILLU 00 FEB -8 M 9: 09 SECRETARY OF STATE



Harriet Smith Windson
Secretary of State

AUTHENTICATION: 0916211

DATE: 01-16-01

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