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TRANSMITTAL LETTER
TO: Registration Section Division of Corporations
SUBJECT: CENTURY School of MASSAGE THERAPY 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:
Miranka Fountain (Name of Person)
CENTURY School Of MASSAGE THERAPY IN C.
7421 JEGERSON AUE. (Address)
CENTURY FLORIDA 32535 (City/State and Zip code)
500048534957 -02/01/0201058008
For further information concerning this matter, please call: ******78.75 ******78.75 W62 -3297
Miranka Fountain at (850) 256-0775 (Name of Person) (Area Code & Daytime Telephone Number) 2331)
COO 3
STREET ADDRESS: MAILING ADDRESS:
Registration Section Division of Corporations Registration Section Division of Corporations
409 E. Gaines St. Tallahassee, FL 32399 P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:
☐ \$70.00 Filing Fee \$78.75 Filing Fee & ☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status &
Certified Conv
sell cas lo strain
MS requested 111 / Junior
Sent custo Dr. Guery DATE As requested + Sent them ack. letter (Nocus)

Please Find enclosed application for Foreign Corp. (Delaware: Corp.) to Transact Business in Florida, The Century School of Massage therapy.

It has already been paid for back in Feb.,

but I didn't send the original Cert of Good Standing from Delaware. * Please mail it directly to Dr. Guery Davis at this address; COMMISSION FOR INDEPENDENT EDUCATION 2650 Apalachee Parkway, Suite A TALLAHASSEE, FLORIDA 32301 PHONE (850) 488-9504 ATTN: Dr. Guery DAVIS to them.

If you can, please call Dr. Davis @ 488-9504 st tell him the Foregin Corp. Certificate is on it's way. (He is frequently on the phone, but has voice mail).

Mark you, Miranka Fountain



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

February 5, 2002

MIRANKA FOUNTAIN 7421 JEFFERSON AVE. CENTURY, FL 32535

SUBJECT: CENTURY SCHOOL OF MASSAGE THERAPY INC

Ref. Number: W02000003297

We have received your document for CENTURY SCHOOL OF MASSAGE THERAPY INC and your check(s) totaling \$78.75. However, the document has not been filed and is being retained in this office for the following:

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence, which usually consists of a single sheet of paper and clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificateof existence from the same office that provided you with the certified copy.

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) 245-6097.

Michael Mays Document Specialist

Letter Number: 802A00006928

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 Century School of Massie Therapy Inc.	
(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. De la wave (State or country under the law of which it is incorporated) 3. 59-3704863 (FEI number, if applicable)	77756 - <u>177</u> 756 - <u>177</u> 56 - <u>177</u> 756 - <u>177</u> 6 - <u>177</u> 756 - <u>177</u> 6 - <u>177</u> 56 - <u>177</u> 6 - <u>1776 - 1776 - <u>1776 - 1776 - 1776 - 1776 - <u>1776 - 1776 - 1776 - 1776 - 1776 - <u>1776 - 1776 - 1776 - 1776 - 1776 - <u>1776 - </u></u></u></u></u>
(State or country under the law of which it is incorporated) (FEI number, if applicable)	
4. Qua, lle, 2000 5. 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 1421 Jefferson Ave.	
7. 142 Setterson Ave. (Principal office address)	
/ \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	<u></u>
Century, FL, 32535 (Current mailing address)	** *** ,
8. School for Wassage Therapists	
(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)	<u>(-</u>
Name: Mlvanka FOUNTAIN	pladi Stati Stati St a
Name: Mivanta Fountain) Office Address: 1421 Jefferson ave, Century, FL, Florida 32535	
C. I. 29 6-26-13	
Century FL, Florida 32535 (Zip code)	3
(City) (Zip code)	101
10. Registered agent's acceptance:	
Having heen named as registered agent and to accept service of process for the above stated corporation at the p	olace
designated in this application. I hereby accept the appointment as registered agent and agree to act in this capac	city. I
further agree to comply with the provisions of all statutes relative to the proper and complete performance of m	r
duties, and I am familiar with and accept the obligations of my position as registered agent.	
C_{1} C_{1} C_{2} C_{3} C_{4} C_{4	
N/ uranka + owlaw	
(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: Miranka Fountain	· · · · · · · · · · · · · · · · · · ·
Address:	
	74 7
Vice Chairman:	· ···
Address:	
Director:	
Address:	
B. OFFICERS	
President: Mranta Fountain	
Address:	
Vice President:	
Address:	
Secretary:	
Address:	
Treasurer:	
Address:	
Padicos.	12-775.
NOTE: If necessary, you may attach an addendum to the application listing additional o	fficers and/or directors.
13 Will Fat.	·
(Signature of Chairman, Vice Chairman, or any officer listed in number	12 of the application)
14. Miranka Fountain	
(Typed or printed name and capacity of person signing application	on)

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CENTURY SCHOOL OF MASSAGE THERAPY 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 NINTH DAY OF MAY, A.D. 2002.



3275273 8300

020275443

AUTHENTICATION: 1768138

DATE: 05-09-02