

F03000000347

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

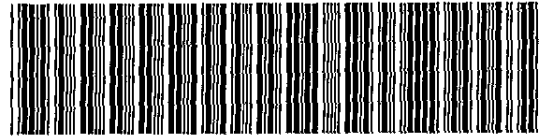
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED
03 JAN 22 PM 4:14
STATE OF FLORIDA
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
FILED
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TALLAHASSEE, FLORIDA

CT CORPORATION SYSTEM

January 22, 2003

Secretary of State, Florida
409 East Gaines Street
Tallahassee FL 32399

FILED
03 JAN 22 PM 1:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Re: Order #: 5771216 SO
Customer Reference 1:
Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

COMMUNITY EDUCATION PARTNERS, INC. (DE)
Qualification
Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Jeffrey J Netherton
Sr. Fulfillment Specialist
Jeff_Netherton@cch-lis.com

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

**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. Community Education Partners, 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. Delaware 3. 62-1732399
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 03-17-1997 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. August 2001
(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. 293 Plus Park Blvd. Suite 240
(Principal office address)
Nashville, TN 37217
(Current mailing address)
8. Operation of alternative education programs
(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: C T Corporation System
Office Address: 1200 South Pine Island Road,
Plantation, , Florida 33324
(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.

C T Corporation System

JENNIFER PARKER
ASSISTANT SECRETARYBy: _____
(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: Randle RichardsonAddress: 293 Plus Park Blvd. Suite 240Nashville, TN 37217

Vice Chairman: _____

Address: _____

Director: Phil BaggettAddress: 293 Plus Park Blvd. Suite 240Nashville, TN 37217Director: David YoungAddress: 293 Plus Park Blvd. Suite 240Nashville, TN 37217**B. OFFICERS**President: Phil BaggettAddress: 293 Plus Park Blvd. Suite 240Nashville, TN 37217

Vice President: _____

Address: _____

Secretary: David YoungAddress: 293 Plus Park Blvd. Suite 240 Nashville, TN 37217

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.13. David W. Young

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

14. DAVID W. YOUNG, CHIEF FINANCIAL OFFICER / SECRETARY

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

Delaware

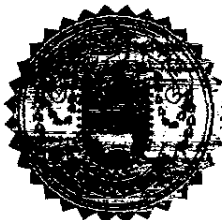
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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COMMUNITY EDUCATION PARTNERS, 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 TWENTIETH DAY OF JANUARY, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

2781456 8300

AUTHENTICATION: 2213217

030038006

DATE: 01-20-03