F03000001255

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
2545
189 600, 671
Office Use Only
W02-35876



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12/23/02--01075--012 **70.00

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FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State

December 26, 2002

VOLESTA AUTRY 595-C OLD NORCROSS RD LAWRENCEVILLE, GA 30045

SUBJECT: PREMIER PRESCHOOL'S INC

Ref. Number: W02000035876

We have received your document for PREMIER PRESCHOOL'S 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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with a notarized affidavit stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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.

Letter Number: 502A00067419

Marsha Thomas Document Specialist

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	FOUNTAIN PARK A				
SUBJECT: FREMIET Preschools, (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	The state of the s				
Volesta Autru	3 3 3				
Volesta Autry (Name of I					
Premier Preschool's, Inc	many)				
595-C Old Norcross Rd. (Address)					
Lawrenceville, GA (City/State ar	30045 nd Zip code)				
For further information concerning this matter, please call:					
Volesta Autry at (200) 995-9597 (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				
Enclosed is a check for the following amount:					
\$70.00 Filing Fee \$\Bar{\text{\sigma}}\$ \$78.75 Filing Fee & \$\Bar{\text{Certificate of Status}}\$	\$78.75 Filing Fee & Sertified Copy \$87.50 Filing Fee, Certified Copy Certified Copy				



FLORIDA DEPARTMENT OF STATE Ken Detzner Secretary of State

February 12, 2003

VOLESTA AUTRY 595-C OLD NORCROSS RD LAWRENCEVILLE, GA 30045

SUBJECT: PREMIER PRESCHOOL'S INC

Ref. Number: W02000035876

We have received your document for PREMIER PRESCHOOL'S 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):

To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the CORPORATE SPECIALIST indicated.

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.

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Marsha Thomas Document Specialist

Letter Number: 803A00009375

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

TRANSMITTAL LETTER

	ration Section on of Corporations				
SUBJECT: Fountain Park Academy, Inc.					
(Name of corporation - must include suffix)					
Dear Sir or Ma	adam:				
"Certificate of	•••	ithorization to Transact Business in Florida", ister the above referenced foreign corporation			
Please return al	all correspondence concerning this matter to	the following:			
Volesta Au	utry	SS 13			
	(Name of Pe	erson) m_{c}			
Fountain P	Park Academy, Inc.	12			
	(Firm/Comp	pany)			
595-C Old	Norcross Road				
	(Address	s)			
Lawrencev	ville, GA 30045				
	(City/State and	1 Zip code)			
For further info	ormation concerning this matter, please call	l:			
Volesta Aut	itry at (770)	995-9597			
(Name		de & Daytime Telephone Number)			
STREET ADE Registration Se Division of Cor 409 E. Gaines S Tallahassee, FL	ection Forporations I St. F L 32399	AAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Fallahassee, FL 32314			
Enclosed is a cl	check for the following amount:				
Ø \$70.00 Filin		78.75 Filing Fee & S87.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy			

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.

Fountain F	Park Academy, Inc.	
words or abbrev	ration; must include the word "INCORPORAT riations of like import in language as will clear or partnership if not so contained in the name at	ly indicate that it is a corporation instead of a
Georgia	3.	04-3734826
	under the law of which it is incorporated)	(FEI number, if applicable)
12/20/02	2	Perpetual
(Dat	e of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")
upon qua	lification	
(Date first transa		t transacted business in Florida, insert "upon qualification.") 1, 607.1502 and 817.155, F.S.)
595-C O	d Norcross Road, Lawrenceville, G	A 30045
	(Principal office ad-	dress)
Same		A 52
	(Current mailing ad	dress)
	Development and Consulting	SS R
(Purpose)	(s) of corporation authorized in home state or c	ountry to be carried out in state of Florida)
Name and str	<u>eet address</u> of Florida registered agent	(P.O. Box or Mail Drop Box NOT acceptable)
Name:	Ann Powell	47
ffice Address:	13413 Bristlecone Circle	ستان میران در این استان استا
	Orlando	, Florida 32828
	(City)	(Zip code)
laving been nat esignated in thi urther agree to	is application, I hereby accept the appoin	vice of process for the above stated corporation at the plot tment as registered agent and agree to act in this capacity relative to the proper and complete performance of my 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.

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

CTORS	
Tanya Wardiaw	
595-C Old Norcross Road, Lawrenceville, GA 30045	
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Volesta Autry	35
595-C Old Norcross Road, Lawrenceville, GA 30045	
dent:	****
Voleseta Autry	
EDE C Old Norgross Bood gurranovilla CA 20045	
	7-10
	·
Valeston Unifer, vice Chairs	Car .
(Signature of Chairman, Vice Chairman) of any officer listed in number 12	of the application)
(Typed or printed name and canacity of person signing application	man
	Volesta Autry 595-C Old Norcross Road, Lawrenceville, GA 30045 dent: Voleseta Autry 595-C Old Norcross Road, Lawrenceville, GA 30045 If necessary, you may attack an addendum to the application listing additional office (Signature of Chairman, Vice Chairman) or any officer listed in number 12

Secretary of State

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530 DOCKET NUMBER : 030360171

CONTROL NUMBER : 0264018
DATE INC/AUTH/FILED: 12/20/2002

JURISDICTION : GEORGIA

PRINT DATE : 02/05/2003

FORM NUMBER : 211

FOUNTAIN PRAK ACADEMY
VOLESTRA AUTRY
595-C OLD NORCROSS RD
LAWRENCEVILLE, GA 30045

CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

FOUNTAIN PARK ACADEMY, INC. A DOMESTIC PROFIT CORPORATION

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the abovenamed entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



Cathy Cox Secretary of State