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(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
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SEGRETARY OF STATE TALLAHASSEE, FLORIDA



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TRANSMITTAL LETTER

FILED 03 MAR 26 AM 10: 34

Certified Copy

TO:	Registration Section Division of Corporate Cor			SEURETANY OF STATE TALLAHASSEE, FLORIDA
	•			TALLANASSEE, FEORIDA
SUB	JECT:	Instruction	al Access, Inc. ation - must include suffix)	
		(rume or corpor	ation - must merade surfixy	
Dear	Sir or Madam:			
"Cert		, and check are submitted	for Authorization to Transactor register the above referen	
Pleas	e return all correspo	ndence concerning this ma	tter to the following:	
		Heidi	J. Henninger	
		(Name	e of Person)	
		Instructio	nal Access, Inc.	
		(Firm	Company)	
			Avenue, Suite 260	
		(A	ddress)	
			de, CA 92506	
		(City/Sta	te and Zip code)	
For fi	urther information co	oncerning this matter, plea	se call:	
	Heidi Hennir	nger at (90	9 ₎ 341-8982 ext	16
	(Name of Person		ea Code & Daytime Telepho	
Regis Divis 409 E	EET ADDRESS: stration Section tion of Corporations E. Gaines St. hassee, FL 32399		MAILING ADDRESS Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	ons
Enclo	osed is a check for th	e following amount:		
□ \$7	70.00 Filing Fee	S78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status &

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

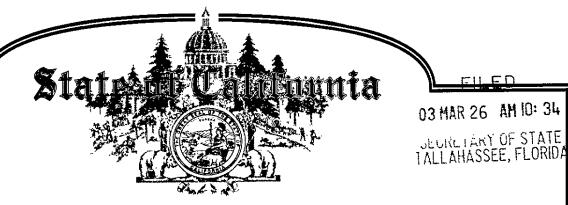
IN COMPLIANCE I	WITH SECTION 607.1503, FLORID	A SI	TATUTES, THE FOLLOWING IS SUBMITTED TO BUSINESS IN THE STATE OF FLORID 23 MAR 25 AM 10:
lInstr	ructional Access, Inc.		SEUNETARY OF STA ED", "COMPANY", "CORPORATION" of ALLAHASSEE, FLOI
words of addievial	on; must include the word "INCORPOR ions of like import in language as will clartnership if not so contained in the nam	carry	y indicate that it is a corporation histead of a
2. Cali	fornia	_3.	
(State or country un	der the law of which it is incorporated)		(FEI number, if applicable)
t. Feb	ruary 9, 1998	5.	Perpetual
(Date o	f incorporation)	-	Perpetual (Duration: Year corp. will cease to exist or "perpetual")
5 Mav	2001		
(Date first transacte	d business in Florida. If corporation has	s not	t transacted business in Florida, insert "upon qualification.") 1, 607.1502 and 817.155, F.S.)
7. 680	0 Indiana Avenue, Suite 260, F	Rive	erside, CA
	(Principal office	addı	iress)
Sam	ne As Above		
	(Current mailing	add	dress)
م بيام	akend Computer Car)— —	Training
(Purpose(s)	of corporation authorized in home state	or co	ountry to be carried out in state of Florida)
9. Name and stree	t address of Florida registered age	ent:	(P.O. Box or Mail Drop Box NOT acceptable)
Name:	Richard Funderburk		
Office Address:	1751 NE 139 th Street		
	North Miami		, Florida <u>33181</u>
_	(City)		(Zip code)
designated in this a further agree to co	d as registered agent and to accept application, I hereby accept the app	ointi ites i	vice of process for the above stated corporation at the place tment as registered agent and agree to act in this capacity. I relative to the proper and complete performance of my of my position as registered agent.
	((Retrictored age)	11.5	signature)
	(Regimered age)	ut 5 S	orginature)

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	S	F11 F 5
DIRECTOR Chairman :	Dan Bear	FILED
Address:	6800 Indiana Avenue, Suite 260, Riverside, CA 92506	03 MAR 26 AM 10: 34
		SECRETARY OF STATE TALLAHASSEE, FLORIDA
Vice Chairman:		<u>.</u>
Address:		
Director:	Steve Martin	
Address:	6800 Indiana Avenue, Suite 260, Riverside, CA 92506	
 Director:	DeNae Reagins	
Address:	6800 Indiana Avenue, Suite 260, Riverside, CA 92506	
B. OFFICERS President:	John Katsacoulas	
Address:	COOR Indiana Assault Cook Disselle OA	
Vice President:		
Address:		
Secretary:		
Address:		
Treasurer:		
Address:		
NOTE: H recess	talson	
(5	Signature of Chairman, Vice Chairman, or any officer listed in number 12	of the application)
14	President	
	(Typed or printed name and capacity of person signing application)	1



SECRETARY OF STATE CERTIFICATE OF STATUS DOMESTIC CORPORATION

I, KEVIN SHELLEY, Secretary of State of the State of California, hereby certify:

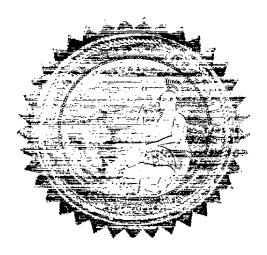
That on the **9th day of FEBRUARY 1998, INSTRUCTIONAL ACCESS, INC.** became incorporated under the laws of the State of California by filing its Articles of Incorporation in this office; and

That no record exists in this office of a certificate of dissolution of said corporation nor of a court order declaring dissolution thereof, nor of a merger or consolidation which terminated its existence; and

That said corporation's corporate powers, rights and privileges are not suspended on the records of this office; and

That according to the records of this office, the said corporation is authorized to exercise all its corporate powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition, business activity or practices of this corporation.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of March 24, 2003.

KEVIN SHELLEY Secretary of State