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(City/State/Zip/Phone #)

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## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Educational Funding of the South, Inc. dba Edsouth  
(Name of Corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

John E. Arnold, Jr.  
(Name of Person)

Educational Services of America.  
(Firm/Company)

123 Center Park Drive  
(Address)

Knoxville, TN 37922  
(City/State and Zip Code)

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For further information concerning this matter, please call:

John E. Arnold, Jr. at ( 865 ) 342-5120  
(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:

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &<br>Certified Copy | <input checked="" type="checkbox"/> \$87.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy |
|---|--|---|--|

**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO  
CONDUCT ITS AFFAIRS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN  
THE STATE OF FLORIDA:*

1. Educational Funding of the South, Inc.

(Name of corporation: must include the word "INCORPORATED" or "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. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

2. Tennessee

(State or country under the law of which it is incorporated)

3. 58-1757969

(FEI number, if applicable)

4. February 20, 1985

(Date of Incorporation)

5. "Perpetual"

(Duration: Year corp. will cease to exist or "perpetual")

6. June 10, 2003

(Date corporation first conducted Affairs in Florida - See sections 617.1501, 617.1502, and 817.155, F.S.)

7. 123 Center Park Drive Knoxville, TN 37922

(Principal office address)

123 Center Park Drive Knoxville, TN 37922

(Current mailing address)

8. Provide Student Loans

(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: Missy Markis

Office Address: 10245 Centurion Pkwy., North, Suite 108

Jacksonville

(City)

Florida 32256

(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.*

Missy D. Markis

(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.

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

A. DIRECTORS

Chairman: Please see attached.

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

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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.

13. 

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

14. Wm. Anthony Hollin, President

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

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**Educational Funding of the South, Inc.**

**DIRECTORS**

Wm. Anthony Hollin  
Chairman & CEO  
123 Center Park Drive  
Knoxville, TN 37922

Mr. Mike Ragsdale  
Vice Chairman  
400 Main Street, Suite 615  
Knoxville, TN 37902

Mr. David Collins  
Secretary / Treasurer  
1221 Snowdon Drive  
Knoxville, TN 37912

Mr. John E. Mays  
Director  
4927 High Grove Lane  
Knoxville, TN 37918

Mr. Ron Gambill  
Director  
501 Corporate Centre Drive, Ste. 320  
Franklin, TN 37067

**OFFICERS**

Wm. Anthony Hollin  
President / CEO  
123 Center Park Drive  
Knoxville, TN 37922

Mr. Ron Gambill  
Sr. Vice President  
501 Corporate Centre Drive, Ste. 320  
Franklin, TN 37067

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**Secretary of State**  
**Division of Business Services**  
**312 Eighth Avenue North**  
**6th Floor, William R. Snodgrass Tower**  
**Nashville, Tennessee 37243**

ISSUANCE DATE: 06/23/2003  
REQUEST NUMBER: 03174575  
TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 02/20/1985  
STATUS: ACTIVE  
CORPORATE EXPIRATION DATE: PERPETUAL  
CONTROL NUMBER: 0152052  
JURISDICTION: TENNESSEE

TO:  
TSIO  
PO BOX 330007

NASHVILLE, TN 37203

REQUESTED BY:  
TSIO  
PO BOX 330007

NASHVILLE, TN 37203

**CERTIFICATE OF EXISTENCE**

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT

"EDUCATIONAL FUNDING OF THE SOUTH, INC."

IS A CORPORATION DULY INCORPORATED UNDER THE LAW OF THIS STATE WITH DATE OF  
INCORPORATION AND DURATION AS GIVEN ABOVE;  
THAT ALL FEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE  
EXISTENCE OF THE CORPORATION HAVE BEEN PAID;  
THAT THE MOST RECENT CORPORATION ANNUAL REPORT REQUIRED HAS BEEN FILED  
WITH THIS OFFICE; AND  
THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED; AND  
THAT ARTICLES OF TERMINATION OF CORPORATE EXISTENCE HAVE NOT BEEN FILED

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FOR: REQUEST FOR CERTIFICATE

ON DATE: 06/23/03

FROM:  
TSIO  
SUITE 400  
1900 CHURCH STREET  
NASHVILLE, TN 37203-0000

RECEIVED: FEES \$100.00 \$0.00  
TOTAL PAYMENT RECEIVED: \$100.00

RECEIPT NUMBER: 00003319375  
ACCOUNT NUMBER: 00333725



*Riley C Darnell*

RILEY C. DARNELL  
SECRETARY OF STATE