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#### TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: LHS Professional Training & Development, Two (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:		
John SANders (Name of Person)		
(Name of Person)		
(Name of Person)  LAS Professional Training & Development I  (Firm/Company)  353 Nettles Blud  (Address)		
(Firm/Company)		
353 Nettles Blud		
Jensen Beach FL 34957 ?: (City/State and Zip code)		
(City/State and Zip code)		
For further information concerning this matter, please call:		
John Sauders at (678) 516-2830 (Name of Person) (Area Code & Daytime Telephone Number)		
(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 \$\Bigcup \\$78.75 Filing Fee & \$\Bigcup \\$78.75 Filing Fee & \$\Bigcup \\$875.50 Filing Fee, Certified Copy \$\Bigcup \\$Certified Copy		

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1303, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.
1. LHS Professional Training & Divelopment Truc  (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Leargi A  (State or country under the law of which it is incorporated)  3. 58-2313454  (FEI number, if applicable)
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 11-29-1995  (Date of incorporation)  5. Per De Fua L (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.)
7.2674 S.E. Stonebring Way Stunt, FL 3495
(Principal office address)
353 Nettles Blud Jensen Beach FL 3495 (Current mailing address)
(Cirrent thatting address)
8. Executive Training Seminars  (Current mailing address)  8. Executive Training Seminars  (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: John Janders
Office Address: 353 Nettles Blud
Jeasen Beach , Florida 34957
(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.
Color Sanders
(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: \_\_\_ Address: Vice Chairman: Address: \_ Director: Address: \_\_ Director: Address: \_\_ **B. OFFICERS** President: Linda Beach FL 34957 ensen Vice President: Address: SANders Address: 353 Nettles Blud Jensen Beach Treasurer: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Director or Officer listed in number 12 of the application) (Typed or printed name and capacity of person signing application)

**Secretary of State** 

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

CONTROL NUMBER : K535389
DATE INC/AUTH/FILED: 11/29/1995
JURISDICTION : GEORGIA
PRINT DATE : 06/09/2004
FORM NUMBER : 211

LHS PROFESSIONAL TRAINING & DEVELOPMENT, INC. LINDA SANDERS 1506 WALKER RIDGE MARIETTA, GA 30064

#### 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 as of the above brint date

LHS PROFESSIONAL TRAINING & DEVELOPMENT, INC.

is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated

Said entity was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date 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 above-named entity as of the print date above. 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 information is electronically transmitted, issued and certified in accordance with the Georgia Electronic Records and Signatures Act and 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.

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Cathy Cox Secretary of State