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VISION OF CORPORATIONS

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TRANSMITTAL LETTER

	stration Se sion of Co	ection rporations					
SUBJECT:	Florida (Campus Suppl	y, Inc.				
202020				ration - must	include suffix)		
Dear Sir or M	ladam:						
	f Existence	ce," and check				ct Business in Flo aced foreign corpo	
	_	pondence conc	erning this ma	atter to the fo	ollowing:	W04 -	31352
Karen L. Gun	n		(Nam	c of Person)			
Copeland, Co	ook, Taylo	r & Bush, P,A.	(Harr)	c of f erson)			A SCP
			(Firm	/Company)			10 4 A
Post Office B	ox 6020	=					P7 PM 4: 06
		<u> </u>	(À	Address)			F. 202
Ridgeland, Mi	ississippi	39158					96 Electronic
			(City/St	ate and Zip o	code)	<u></u>	
For further in	formation	concerning th	is matter, plea	se call:			
Karen L. Guni	n		at (_601) 856-	7200		
(Nan	ne of Pers	on)		rea Code & I	Daytime Teleph	one Number)	-
Regis Divis 409 E	EET ADI stration Se ion of Cor C. Gaines S hassee, FI	ection rporations St.			MAILING AI Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7	
Enclosed is a	check for	the following	amount:				
Ø \$70.00 Fili	ing Fee	S78.75 F Certifica	iling Fee & ate of Status		Filing Fee & ed Copy	S87.50 Filin Certificate Certified C	of Status &



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

August 17, 2004

KAREN L. GUNN COPELAND, COOK, TAYLOR & BUSH, P.A. POST OFFICE BOX 6020 RIDGELAND, MS 39158

SUBJECT: FLORIDA CAMPUS SUPPLY, INC.

Ref. Number: W04000031352

We have received your document for FLORIDA CAMPUS SUPPLY, 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):

You must list the company's officers and/or directors in section 12; we cannot accept the title "Incorporator."

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) 245-6958.

Lee Rivers Document Specialist

Letter Number: 804A00050713

COPELAND, COOK, TAYLOR & BUSH

A PROFESSIONAL ASSOCIATION ATTORNEYS AT LAW

200 CONCOURSE, SUITE 200 1062 HIGHLAND COLONY PARKWAY RIDGELAND, MISSISSIPPI 39157

TELEPHONE (601) 856-7200 FACSIMILE (601) 856-8242

POST OFFICE BOX 6020 RIDGELAND, MISSISSIPPI 39158 www.cctb.com

Karen L. Gunn E-mail: kgunn@cctb.com

September 22, 2004

Lee Rivers Document Specialist Secretary of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re:

Florida Campus Supply, Inc.

Reference Number: W04000031352

Dear Ms. Rivers:

We received your letter dated August 17, 2004, returning our application to transact business in Florida due to our failure to list the company's officers and/or directors in section 12. We have now listed the company's officers and the application has been signed by Albert N, Drake as Chief Executive Officer and President. If the application is now satisfactory, please file it on our behalf, and advise us when Florida Campus Supply, Inc. is granted authority to transact business in Florida...

Thank you for your assistance.

Sincerely,

COPELAND, COOK, TAYLOR & BUSH, P.A.

Enclosure

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.	Florida Campu	s Supply, Inc.				_
		orporation; must include "INCORPORAT orp," "Inc," "Co," or "Corp.")	ED," "CO	OMPANY," "CORPORATION,"		
	(If name unavails	able in Florida, enter alternate corporate n	ame adopt	ed for the purpose of transacting business	in Florida`	<u>,</u>
2	Mississippi		3 20-1		,	,
~,		under the law of which it is incorporated)		(FEI number, if applicable)		_ '교
4	May 7, 2004		5. 210	3	S +	SEC.
		of incorporation)		ration: Year corp. will cease to exist or "p	erpeturd")	PRI FR
6(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)						OF CORPORATIONS
7	4705 I-55 North	, Jackson, Mississippi 39206			PH 4: 06	5
		(Principal office	address)		•	T 35
	Same					_
		(Current mailing	address)			
8.	Scholastic prod	lucts				
	(Purpose(s	s) of corporation authorized in home state	or country	to be carried out in state of Florida)		
9.	Name and stree	et address of Florida registered agent:	(P.O. Bo	NOT acceptable)		
	Name:	CT Corporation System		en e		
0	ffice Address:	1200 South Pine Island Road		t e ntrologia		
		Plantation		, Florida <u>33324</u>		
		(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.

(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: and Chief Executive Officer - Albert N. Drake Address: 4705 I-55 North Jackson, Mississippi 39206 Vice President: Henry W. Flowers Address: 4705 I-55 North Jackson, Mississippi 39206 Secretary: George E. Copeland, Jr. Address: 4705 I-55 North, Jackson, Mississippi 39206 Treasurer: George E. Copeland, Jr. Address: 4705 I-55 North, Jackson, Mississippi 39206 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) 14. Albert N. Drake, Chief Executive Officer and President (Typed or printed name and capacity of person signing application)

State of Mississippi

Office of the Secretary of State Eric Clark, Secretary of State Jackson, Missisppi

CERTIFICATE

I, ERIC CLARK, Secretary of State of the State of Mississippi, and as such, the legal custodian of the corporate records, required by the laws of Mississippi, to be filed in my office, do hereby certify:

That on May 7, 2004, the State of Mississippi issued a Charter/Certificate of Authority to:

FLORIDA CAMPUS SUPPLY, INC.

That the state of incorporation is MISSISSIPPI.

That the period of duration is 99 years.

That according to the records of this office, Articles of Dissolution or a Certificate of Withdraw have not been filed.

That according to the records of this office, a current Annual Report has been delivered to the Office of the Secretary of State.

I further certify that all fees, taxes and penalties owed to this state, as reflected in the records of the Secretary of State, have been paid and that the corporation is in existence or has authority to transact business in Mississippi.

Given under my hand and seal of office July 26, 2004

Frie Clark

ERIC CLARK
Secretary of State

Certification Number: 6546668-1 Page 1 of 1 Reference: Karen L. Gunn Verify this certificate online at http://www.sos.state.ms.us/busserv/corp/verify