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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

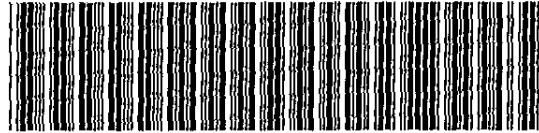
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DEC-3 AM 8:48
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Learning-Focused Solutions, Inc.
(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:

Jennie Robinson

(Name of Person)

Learning-Focused Solutions, Inc.

(Firm/Company)

P O Box 2112

(Address)

Boone, NC 28607

(City/State and Zip code)

For further information concerning this matter, please call:

Jennie Robinson

(Name of Person)

at (866) 955-3276

(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 ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, 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.

Learning-Focused Solutions, Inc.

(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)

North Carolina

3.

54-2137579

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

(FEI number, if applicable)

12/19/2003

5.

Perpetual

(Date of incorporation)

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

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

132 Laurel Chase Dr.

Blowing Rock, NC

28605

(Principal office address)

P O Box 2112

Boone, NC

28607

(Current mailing address)

Educational consultants / curriculum development

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

Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name:

Corporation Service Company

Address:

1201 Hays St

Tallahassee

(City)

, Florida 32301

(Zip code)

Registered agent's acceptance:

I have been named as registered agent and to accept service of process for the above stated corporation at the place named 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.

Cynthia L. Harris

as its agent

Cynthia L. Harris

(Registered agent's signature)

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 of the law of which it is incorporated.
Names and business addresses of officers and/or directors:

DIRECTORS

Chairman: _____

Address: _____

De Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

OFFICERS

President: Shannon Thompson

Address: P O Box 2112

Boone, NC 28607

Vice President: _____

Address: _____

Secretary: Ashley Thompson

Address: P O Box 2112 Boone, NC 28607

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

3. Ashley Thompson

(Signature of Director or Officer listed in number 12 of the application)

4. Ashley Thompson, Secretary

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



NORTH CAROLINA

Department of The Secretary of State

CERTIFICATE OF EXISTENCE

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

LEARNING-FOCUSED SOLUTIONS, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 19th day of December, 2003, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 10th day of November, 2004

Elaine F. Marshall

Secretary of State

