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#### FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

December 10, 2004

CINDY COWELL 17501 S.E. 272ND STREET, SUITE 17 COVINGTON, WA 98042

SUBJECT: SUSAN KOVALIK & ASSOCIATES, INC.

Ref. Number: W04000045263

We have received your document for SUSAN KOVALIK & ASSOCIATES, INC. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6020.

Tammi Cline Document Specialist

Letter Number: 904A00069174

#### TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: SUSAN FOUALIK + ASSOCIATES, 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:
(Name of Person)
(Name of Person)  SUSAN KOUALIK & ASSOCIATES, INC.  (Firm/Company)  17051 S.E. 272 Nd St., SUITE 17  (Address)
(Firm/Company)
17051 S.E. 272 nd St., SUITE 17
(Address)
COVINGTON, WH 98042  (City/State and Zip code)
(City/State and Zip code)
For further information concerning this matter, please call:
For further information concerning this matter, please call:  CNOY M. COWELL at (253) 631-4400  (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 \text{\$\frac{1}{3}\$} \$78.75 Filing Fee & \$\Bigcup \text{\$\frac{1}{3}\$} \$78.75 Filing Fee & \$\Bigcup \text{\$\frac{1}{3}\$} \$87.50 Filing Fee, \$\Bigcup \text{\$\frac{1}{3}\$} \$Certificate of Status & \$\Bigcup \text{\$\frac{1}{3}\$} \$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.

1. SUSAN KOVALTK 4 ASSOCIATES, 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)
2. WASHINGTON  (State or country under the law of which it is incorporated)  3. 77-0126621  (FEI number, if applicable)
4. JANUARY 5, 1994 5. PERPETUAL (Duration) 5. Duration: Year corp. will cease to exist or "perpetual")
6. JANUARY 7, 2004 (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. 17031 S.E. 272 nd St., SUITE 17, COVINGTON WA 980 (Principal office address)  1705! S.E. 272 nd St., SUITE 17, COVINGTON, WA 980Y'S (Current mailing address)
1705! S.E. 272 St., SUITE 17 COVINGTON, WA 980Y'S (Current mailing address)
8. EDUCATIONAL CONSULTING SERVICES  (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: BARBARA Norres
Office Address: 410 BRIGHTWATERS DR
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)  Name: BARBARA Norres  Office Address: 410 BRIGHTWATERS DR  (City) Florida 32931  (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.
Barbara Norris

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.

(Registered agent's signature)

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

A. DIRECTORS	
Chairman:	<del></del>
Address:	
Vice Chairman:	
Address:	
Director: CATHEY FREDERICK	
Address: 27505 - 218 12 PLACE SE	
MAPLE VALLEY, WA 98038	
Director:	
Address:	
B. OFFICERS	
President: SUSAN J, KOVALIK	•
Address: 399 NINE MILE ROAD	
OROVELLE, WA 98844	2005
Vice President: <u>KAREN</u> OLSEN	JAN ALIAS
Address: 131 EASTLAKE DRIVE	SSE S
OROVILLE, WA 98844	P C
Secretary: SUSAN J, KOVALTK	TAI ORI
Address: 399 NINE MILE ROAD	52
Treasurer: KAREN OLSEN	•
Address: 131 EASTLAKE DRIVE	· · · · · · · · · · · · · · · · · · ·
NOTE: If necessary, you may attach an addendum to the application listing addition 13.  (Signature of Director or Officer listed in number 12 of the application of t	
(Signature of Director or Officer listed in number 12 of the applicant)  14.   (ATHEY FRENERICK FYECUTIVE DIRECT	

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



Secretary of State

I, SAM REED, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

## OF SUSAN KOVALIK AND ASSOCIATES, INC.

I FURTHER CERTIFY that the records on file in this office show that the above named Profit Corporation was formed under the laws of the State of WA and was issued a Certificate Of Incorporation in Washington on 12/7/1993.

I FURTHER CERTIFY that as of the date of this certificate, SUSAN KOVALIK AND ASSOCIATES, INC. remains active and has complied with the filing requirements of this office.

Date: December 17, 2004

UBI: 601-509-999

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Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Sam Reed, Secretary of State