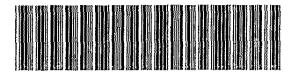
# F0500000:1173

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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01/28/05--01071--006 \*\*78.75

SECRETARY OF STATE TALLAHASSEE, FLORIDA

2005 FEB 24 PH 2: 08



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

February 4, 2005

ALBERT ALEXANDER 12210 WILDBROOK DR. RIVERVIEW, FL 33569

SUBJECT: SCHOLARS, INC. Ref. Number: W05000005977

We have received your document for SCHOLARS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

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: 505A00008135

2005 FEB 24 PM 2: 0:

## TRANSMITTAL LETTER

Division of Corpora					
SUBJECT:	(Name of corpor	TYS TOC:		<del></del>	
Dear Sir or Madama					
The enclosed "Application "Certificate of Existence," a transact business in Florida	and check are submitted			to	
Please return all correspond	ience concerning this ma	tter to the following:			
Albert Alex	ander	of Person)			
	(Name	e of Person)			
Kumon of	Big Bend	Company)		<del></del>	
10010 1011	4	Company)			
12910 mild	(A	.ddress)		_	
Riverview	33569	Florida			
		ite and Zip code)		******	
For further information con	cerning this matter, plea	se call:			
Albert Alexand (Name of Person)	at (81)	3 1671 - 8201 ea Code & Daytime Teleph	one Number)		
STREET ADDRE Registration Section Division of Corpor 409 E. Gaines St. Tallahassee, FL 32	n . ations	MAILING AI Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations	SECRETARY ( TALLAHASSEE	2005 FEB 24 PM
Enclosed is a check for the	following amount:			)FS	
(1 \$70.00 Filing Fee   (1)	\$78,75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certificate of Sta Certified Copy		2: 08

### 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. (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. <u>Delawave</u>
(State or country under the law of which it is incorporated)

3. 20 - 1360015
(FEI number, if applicable) 5. Perpetual
(Duration: Year curp. will sease to exist or "purpetual") 7 - 13 - 04 (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) Riverview. (Principal office address) (Current mailing address) 8. Own and operate Kumon Math and Reading Center (Purpose(s) of corporation authorized in home state or country to be carried out in state of Fiorida) 9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Office Address: 10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the player designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. further agree to comply with the provisions of all statutes relative to the proper and complete performance of my digites, and I am familiar with and accept the obligations of my position as registered agent.

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:

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:	-

hairman: Albert Alexander		
Address: 12210 Wildbrook Drive		
Riverview FL 33569		
rice Chairman: Shirley Baksh		
Address: 10933 Brucehaven Drive		
Riverview, FL 33569		
Director:	-	
Address:		
Director;		
Address:		
3. OFFICERS		
President:	~	
\ddress:	哥	
	FEB	
Address:	24	
Address:	-P	•
.ORAT	Ÿ	
ocretary: Albert Alexander Dri	9	
Address: 12210 Wildbrook Drive, Riverview FL 33569		
Freasurer: Shirley Baksh		
Address: 10933 Bruckhaven Drive Riverview FL 33569		
·		
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.		
3. Other Difference of Officer listed in number 12 of the application)		
. Albert Alexander - chairman		
(Therefor weighted game and amounts of navous elemina antiqueion)		

A. DIRECTORS



PAGE

# The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SCHOLARS INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTEENTH DAY OF FEBRUARY, A.D. 2005.



3828305 8300

Warriet Smith Windson
Harriet Smith Windson, Secretary of State

AUTHENTICATION: 3690031

050130253 DATE: 02-17-05