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(Re	equestor's Name)	
(Ad	Idress)	
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(Cit	ty/State/Zip/Phone	<i>→ #</i>)
PICK-UP	☐ WAIT	MAIL
(Bı	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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DIVERNAL CORPORATIONS
OF THE PROPERTY OF THE PROPE

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TRANSMITTAL LETTER

	egistration Section				
	ivision of Corporations				
SUBJEC	Principal Directions Institute, Inc. (Name of Corporation – must include suffix)				
	(ivalic of Corporation – must include surfix)				
Dear Sir o	or Madam:				
Affairs in	sed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Florida", "Certificate of Existence", and check are submitted to register the above referenced offit corporation to conduct its affairs in Florida.				
Please ret	urn all correspondence concerning this matter to the following:				
	Kenneth Long				
	(Name of Person)				
	Principal Directions Institute, Inc.				
	(Firm/Company)				
	(Name of Person) Principal Directions Institute, Inc. (Firm/Company) 3801 Lake Boone Trail, Suite 400				
	3801 Lake Boone Trail, Suite 400				
	(Address)				
	Raleigh, NC 27607				
	(City/State and Zip Code)				
For furthe	er information concerning this matter, please call:				
Kennetl	ai\				
(Na	me of Person) (Area Code & Daytime Telephone Number)				
R D 4	TREET ADDRESS: egistration Section ivision of Corporations OP E. Gaines St. allahassee, FL 32399 MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314				
Enclosed	is a check for the following amount:				
5 \$70.00	Filing Fee S78.75 Filing Fee & S78.75 Filing Fee & Certificate of Status Certified Copy Certified Copy				

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

I. Principal	Directions Institute, In	nc.				_
import in langu	oration: must include the word "INCo tage as will clearly indicate that it is a present. "Company" or "Co." may no	a comoration	instead of a natural ne	rson or nartnershir	n if not so contains	ed.
2. Maryland		3.	52-2115987			
(State or cou	intry under the law of which it is inco	orporated)	(FEI number, if applicable)			•
4. 08/19/199		5.	Perpetual			
(Date of Incorporation)		(Duration: Year corp.	will cease to exist	t or "perpetual")	•
6.						
(Date first cond	ducted affairs in Florida if prior to regis	tration. See se	ctions 617.1501 & 617	7.1502, F.S, to deter	rminę penalty Jiabil	ity.)
	Boone Trail, Suite 400,					
··		(Principal off				7
					LAHASSEE, FLOR	ILED)
3801 Lake	Boone Trail, Suite 400,		NC 27607		<u> </u>	in
		(Current ma	iling address)		符多 子	ė C
					"四另 6	<u>ુ</u>
	education, credit counse				95	<u> </u>
(Purpose(s) of	corporation authorized in home state	or country to	be carried out in the	state of Florida)	99	
9. Name and str	reet address of Florida registered a	agent: (P.O.	Box NOT acceptabl	e)	, 0,	
		(= · - ·		,		
Name:	Corporation Service Comp	any				
			_			
Office Address	1201 Hays Street		_			
	Tallahassee		, Florida <u>32301</u>		_	
	(City)			(Zip Code)		
10 Registere	d Agent's acceptance:					
	amed as registered agent and to a	ccept servic	e of process for the	above stated cor	poration at the i	olace
designated in ti	his application, I hereby accept th	he appointm	ent as registered ago	ent and agree to	act in this capac	city. I
juriner ugree it and I am famil	o comply with the provisions of a ciar with and accept the obligation	u statutes re ns of mv pos	iauve io ine proper i ition as registered a	ana compiete pe gent,	rjormance oj my	v aunes,
-	1 0	3 71		•		
	a-A 0					
	Comporation Serv	Ompa	X 1.			
	By: ALVILLA	(1,0)	1440			
	\	Registered A	ent'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 addresses of officers and/or directors:

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А.	LJI	к	н.		111	·ĸ	•

Chairman: Patrick McCuan	
Address: 4256 Snowberry Ln	
Naples, FL 34119	
Vice Chairman: Kenneth Long	
Address: 206 Candace Pl	_
Cary, NC 27513	
Director: Joanne Davis	_
Address: 10323 Wilde Lake Ter	— ~
Columbia, MD 21044	7
Director:	7
Address:	,
OR TIO	
B. OFFICERS	
President: Kenneth Long	
Address: 206 Candace Pl	
Cary, NC 27513	
Vice President:	
Address:	
Secretary: Joanne Davis	
Address: 10323 Wilde Lake Ter, Columbia, MD 21044	
Treasurer: Joanne Davis	
Address: 10323 Wilde Lake Ter, Columbia, MD 21044	_
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.	
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)	
14. Kenneth Long, President (Typed or printed name and capacity of person signing application)	
(1) how or branco mano and capacity or horson signing appropriation)	

STATE OF MARYLAND Department of Assessments and Taxation

I, PAUL B. ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT PRINCIPAL DIRECTIONS INSTITUTE, INC. IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS APRIL 20, 2005.

Paul B. Anderson Charter Division

Faul B. Underen

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DIVAN AHASSEE, FLORIDA



301 West Preston Street, Baltimore, Maryland 21201 Telephone Balto. Metro (410) 767-1340 / Outside Balto. Metro (888) 246-5941 MRS (Maryland Relay Service) (800) 735-2258 TT/Voice Fax (410) 333-7097